#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	in and a second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The state of the s	73.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		nederline and the second and the second	

ADDITIONAL	SPACE	FOR	FURTHER	STA	TEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
				de			

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	• 14 (2)		

#### MARYLAND STATE DEPARTMENT OF HEALTH

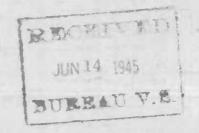
2411 N. Charles St., Baltimore 940

06162

#### CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgo	thesda (ru	n o ]		
City or town	ottedua (1 u	its, write RURAL and give nearest town)	State D.C. County	***************************************
How long in above place	death? five	days	City or town	most town)
Hospital, Institution, or	street address where d	eath occurred:	Street No. 932 K St., N. W.	rest town)
U.S. Naval	Hospital,	Bethesda, Md.	Street No. (If rural, give LOCATION)	/
How long in hospital or	Institution?	ive days	2.(a) If veteran, name war	V
3. (a) FULL NAME		DER, Howard Duncan	3. (b) Social Security	Number
4.6	5. Color or race	The state of the s		
4. Sex		6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	W-US	married	20. DATE OF DEATH	10:351
6.(b) Name of husband of	r wifeMrsG	ertrude Alexander	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from
			3 June 19 45 to 7 June	19
7. Birth date of	27 0	ct. 1877	and that I last saw him allve on 7 June	19415
deceased (mo., day, yr.	Months	Days   If less than one day	Immediate cause of death	DURATION
8. AGE: Years 67	munins 7	10	Coronary I tear Derease Chilic -	of days
01		hrsml	n. Seleratic with cardiac.	
9. Birthplace. Ohi			Due to decompensation	
	. (Town, co	ounty, and state)	14	
10. Usual occupation	I ainle	ry-ducal No3	o. 7	
11. Industry or business				1
当 12 Name Hen	ry Alexand	er	Dither conditions Urewia	4 days
	,	ceased)		
es la completa	Elizabeth	Smith	(Include pregnuncy within 3 months of death)	
14. Maiden name 15. Birthplace hi	LILL Zabe on	\	Major findings of operations.	
15. Birthplace 111	o(deceased	)	Date of op	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. Informant Wife	: Mrs. Ger	trude A. Alexander	Aptopsy results.	
		., Wash.,D.C.	PHYSICIAN: Please underline the cause to which death should be charged	
			22. VIOLENCE: tf death was due to external causes, fill in the following;	
17. buri	or removal Which?)	Date thereof 6-11-45 (month) (day) (year)	Accident, suicide, or homicide	
	, Arlington			
			Where did injury occur?	
	rl ngton,		Injured at home, farm, industry, public place (where?)	
18. Funeral director	v Chamb	ers 4.27.	Means of injury tnjured at work?	
	11th St.,	S.E., wash., D.C.	Seeman & Gran	1.0
June 8	1,5	man that the bruith	23. SIGNATURE M. D. o	rother
19. (Date rec'd by reg	19 (strar)	Registre	Address USNH Betnesda, Md. Date signed	6-8-45



06163

	IFICATE OF DEATH  Reg. Dist. No. 223
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perhorn infants give residence of mother)
3. (a) FULL NAME Helen Covery	3. (b) Social Security Number
Jewele White (1.6.(12) Single, married, widowed, or di	MEDICAL CERTIFICATION  20. DATE OF DEATH.  Dune 4  19 45-21 3 2
6.(b) Name of husband or wife.  3. (c) If alive, give age.  7. Birthdale of deceased (mo., day, yr.) Per 26, 1862  8. AGE: Years Mouths Days If less than one day hrs.  9. Birthplace	Immediate phase of deglin DURATION  min.  Bue to Catalaga Relationship  Guerra Agricultura Relation
11. Industry or business  22 12. Mame	Citer conditions Attitutes (Include pregnancy within 3 months of death)
14. Maiden name  15. 84rthplace  16. Informant Legisla William January	Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jakoma Fork, Nd.  Roussel  (Burial, cremation, or removal, Which?)  Camelery or crematery.	22. VIOLENCE: Il death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Washington 40 6  18. Funeral direct Martin Witnesseny C	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
19 Date rec'd by registrar)  19 Date rec'd by registrar)	23. SIGNATURE Teleny S. Drocers W. D. or getter, Revision Address Takenus/Park Webete signed 9/4/

MARGIN RESERVED FOR BINDING

VS A15



(130) 2411 N. Charles St., Baltimore

06164

7		2.	-
Reg. Dist.	No	01	1

### CERTIFICATE OF DEATH

Y				
1. PLACE OF DEATH:  County Man + 9 am Cry	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	State Mary 2 and county Mars to a 2771 Pry			
How long in above place of death?  Kospital, Institution, or street address where death occurred:	City or town (If ontside city or town limits, write RURAL and give nearest town)			
montgomery co. Lan Haspital	Street No			
How long in hospital or institution?	2.(a) It veteran, name war			
3.(a) FULL NAME	3. (b) Social Security Number			
miss Susic R. ayton				
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Fem White Single	20. DATE OF DEATH UNG 17. 19 45, 21 4:15/ M			
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	June 8 19 45, to June 17 19 45			
deceased (mo., day, yr.) Llecember 24, 1870	and that I last saw h. R.T alive on			
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION  acute nephritis with Uremia 17 Days			
74 5 23hrsmin.	and my ocarditis with Uremia 17 Days			
9. Birthplace Monty . Co, md.	Due to			
(Town, county, and state)				
10. Usual occupation / Jourse worth	Due 10			
t1. Industry or business				
12. Name Jahn S. Aytan 13. Birthplace maruland	Other conditions			
	(Include pregnancy within 3 months of death)			
14. Malden name 6/13. aketh Ellen Pay 15. Birthplace Mary land	Major findings of operations			
\$ 15. Birthplace Mary land	Date of op.			
16. Informant Hospital Records	Autopsy results.			
Address Olney maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Burne Date thereof June 20 1945	, 22. VIOLENCE: It death was due to external causes, till in the following:			
(Burial, cremation, or removed. Which?) (month) (day) (year)	Acciden1, suicide, or homicide			
Cemetery or cremetory Carlo and Carl	Where did injury occur?			
Location Down County	Injured at home, farm, industry, public place (where?)			
18. Funeral director Company Assistant	Means of injury tnjured at work?			
Addes of anthornable my	Charle scanshonon			
Server So Linds Lands	23. SIGNATURE M. D. or When I are the control of th			
19. (Byte rec'd by registrar) Registrar	Address Sandy Spring Md Date signed 6/17/45			

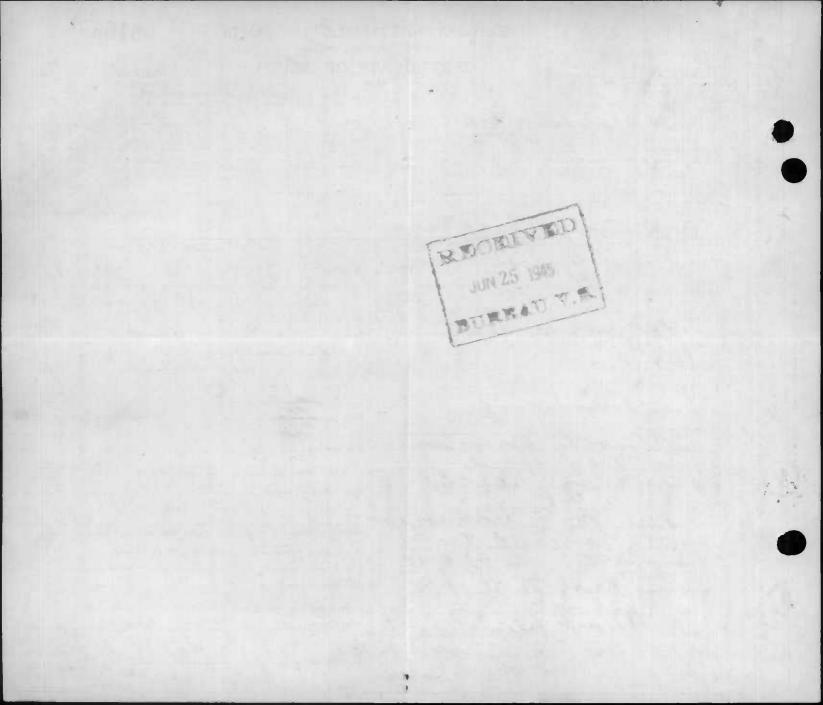
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JUN 25 1915 BUBBAU V.K.

Means of injury

23. SIGNATURE

VS A15



PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159)

### CERTIFICATE OF DEATH

(.) 16b Rog. Dist. No. 113

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County /25 + gamery	(For newborn intants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State 7:5 tv. ct-7 Col. County		
How long in above place of death?	(if outside city s) town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 9,5 Dela Pie Id Place, N.W. Wash. D.		
Washington Jan: Lawing Hoops tal	(If rural, give LOCATION)		
How long in hospitat or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Begle, - unramed	S. (b) Social Security Number		
4. See   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	MEDICAL CERTIFICATION		
female (white	20. DATE OF DEATH		
8.(b) Name of husband or wife. Mr. Hlomas have Begle	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from		
7. Sirth date of	and that I tast saw halivo oo		
decoased (mo., day, yr.)	Immediate cause of death A DURATION		
8. AGE: Years Months Days If less than one day	alleloses		
/hrsmin.			
8. Birtholace Takoma Park, Was hington, D.C.			
(Town, county, and state)	Due to		
10. Usual occupation.			
11. Industry or bosiness	Due to		
	Other conditions		
13. Birthplace Ahville, N.C.	(Include pregnancy within 3 months of death)		
14. Maiden name Anna June Landing			
15. Birthplace Duharh Binn	Major findings of operations.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
16. Informant COGS A. A. T. T. J. J. Com 47 T. J. J. Com 47 T. J. J. Com 47 T. Com 47	Autopsy results		
Address takong Park, Jany and			
17 Burial Date thereof June 15 1948	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Barial, cremation, of semoval. Which?)  (Barial, cremation, of semoval. Which?)  (month) (day) (year)	Accident, suicide, or homicide		
Cometery or cremator Korge Washing on Men Centery	Where did injury occur?		
Location Right Coul Maryland	Injured at home, farm, Industry, public place (where?)		
On-O. R.L. Martin R. Kan	2 Means of lojury injured at work?		
18. Fuoeral director August Marchael Ma	y channel		
Address 54 layole St. D. J. Jek. Peik NC	Jan O Zano Mino		
Verne 14 46 Holing Worth	23. SIGNATURE M, D, or other		
19. Date rec'd by registrar Registrar	Address 4847-200 Company Date signed Company Company		
Megional Megional	AUUTOSS		



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**VS A15** 

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06167

## CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County flat granty	State Many Jana County Manage me sogge
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dealh?	(If outside city or town tipaits, write RURAL and give pearest town)
Hospital, Institution, of street address where death accurred:	Street No. 4604 Rosedale live.
Judustan Shappelle	(If rural, give LOCATION)
How long in hospital or institution? 14 Bluss 5/Min	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Insank Dirl Dest	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White newharm	20. DATE OF DEATH JUNE 19 19. 45° 21 8. 40° M
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	June 18 19 45 10 June 19 19 45
7. Birth date of	and that I last saw h. P. Jalive on June 19 18 45
deceased (mo., day, yr.) ////////////////////////////////////	Immediate cause of death
8. AGE: Years Months Days If less than one day	J. M. M. M. S. L.
Bothe la Martin	71 B
9. Birthplace (Town, county, and state)	Due to UNIMARIUM
10. Usual occupation.	Due to
11. Industry or business	
12. Hame to fin Henry Dest	Other conditions
	(Include pregnancy within 3 months of desth)
# 14. Maiden vama allum Barena Ataley	
14. Maiden oam alle lynn Anena Bally 15. Birthptace less table Co. Virginia	Major fiedings of operations.
	Date of op
16. taformant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funerat director	Means of Injury lojured at work?
	AU DIL
Address	23. SIGNATURE M. D. or other
19 6/20 1945 Mm 6 Ofeel	
19. (Date rec'd by registrar) 1945 Mm & J. Best	Address 80 6 Dear gellown (a. Date signed 6/9/1/1



The best of

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfea St., Baltimore

## CERTIFICATE OF DEATH

06168

Reg. Dist. No. 316

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants live residence of mother)  State  County  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	Bland  3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced Color of the Co	MEDICAL CERTIFICATION  20. DATE DF DEATH  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated: that at lended deceased from 23 19 45 10 19 45
7. Birth date of deceased (mo., day, yr.) Sept 25, 1875  8. AGE: Years Mohilis Bays II less than one day hrs. min.  9. Birthplace	and that I last saw her alive on fune 24 19/15.  Immediate cause of death ferror lage /8 trom  Bue to Hyperleusion
10. Usual occupation	Dither conditions A Jacquy Chung 12 hrs.  (Include pregnacy within 3 months of death)
14. Maiden name. Droderick  15. Birthplace Peland daught  Address Same	Major findings of operations.  Date of op.  Authors results
17 (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  18. Funeral director	Accident, suicide, or homicide
18. Funeral director  Address 2901 - 144 - 51- n-w  19. G/Z 4 18 + 3 - 2/m Els Dos  (Date rec'd by registrar)  Registrar	23. SIGNATURE 2, 71: Charles RA M. D. or other Address 960 Polesville RA Bate signed 4: 24 45



William - Tong William

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Churles St., Bultimore

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CLIVI		CAIL	OI.		

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Man Taymen	(For newborn infants give residence of mother)  State Maris and County Moulson Crys
City or tewn (If outside city or town fimits, write RURAL and give nearest town)	01/14 1- 14/1/00
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitzi, Institution, or street address where death occurred:	Street No. 11 Waz Thington Drive.
How long In hospital or institution?	(If rural give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Bernell Clara	3. (0) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale white married	20. DATE DE DEATH. June 12 1945 21.8 40 AM
11/18/eine Boswell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife William Jacknew	Och 9 1944 10 June 12 1945
7. Sirth date of Service Control of the servi	and that I last saw h la alive on Jane 12 1945
deceased (mo., day, yr.) Christoft 6, 1909  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
36 2 6min.	0 + 1) + 1
26 2	ITA- Parling Hemonthy 4 Time.
9. Birthplace (Town, county, and state)	Due to Mon Clothing D. Thorne
10. Usual occupation hausewife	
11. Industry or business	Due to
	Other conditions.
12. Name J. A. Bourer  13. Birthplace England	
	(include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
	Date of op.
18. Informant Haspital Mearth	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or remoyal, Whichi)  Dale thereof (month) (day) (year)	Accident, suicide, or homicide
P - 4 ( 4 - 16.	Where did Injury occur?
Cemetery or crematory	
Location Confidence of the	Injured al home, farm, Industry, public place (where?)  Meaos of Injury  Injured at work?
19. Funeral director	Meaos of Injury Injured at work?
Address (300 - 4 M. N.E - D-C	23. SIGNATURE Karl Stortstach MA
10 6/12 1045 The 6 John	M. D. or other
(Thate mee'd by registrar)	3130 Wes Ave D. ( Bata signed to /12/45

JUNIA 1945

DURBAU V.S.

Wi Hodger	
Markland - Hetel	
10: 3000	

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (454)

## CERTIFICATE OF DEATH

	06	1	71	1		
Reg.	Diat.	No.	4	2	10	+

1. PLACE OF DEATH: Montgomery		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:			
City or town. Silver Springs (If outside city or town limits, write RURAL and give nearest town)		State Maryland County Montgomery				
(If c	outside eity or town l	imits, write I	RURAL and give nearest town)	Salver Shrar	100	
				(If outside city or town limits	, write RURAL and give near	est town)
Hospital, institution, or	street address where	death occurre	l:	Street No. 705 Gist Ave	9	
		V - 0		(If rural, give	LOCATION)	
How long in hospital or		rears		2.(a) If veteran, name war None		***************************************
3. (a) FULL NAM	E				3. (b) Social Security N	umber
	ERNE	ST I	BURRELL		None	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White		Single			24
Marc	1 1111100		Singic	20. DATE OF DEATH June 23	19. 45	at ZH   M
6.(b) Name of husband	or wite		*************************************	21. I CERTIFY that death occurred on the date ebo		
		6.6	e) It elive, give ageyears	June 21 19		
7. Birth date of deceased (mo., day, )	n) Janua	7277	9 1880	and that I last saw h	une 22	19. 4.5
8. AGE: Years		l Days	It less than one day	Immediate cause of death		DURATION
65		5.,0	hrsmin.	Cavelnoma ot	Threat	5 Ma
9. Birthplace	Washing	ton	D.C.	===,0		*************************
	(Town,	eounty, and	state)	Due ta		*****************************
10. Usual occupation. Clerx			•••••••••••••••••••••••••••••••••••••••	******************************		
11. Industry or busines:	U.S. N	avy l	Dept	Due to	***************************************	***************************************
買 12. Name Arthur Burrell				Other conditions.	••••••••••••••••••••••••••••••••	
E 12. Name Arthur Burrell I 13. Birthplace England						
		(Include pregnancy within 8 m				
14. Maiden name	Engla	nd		Major findings of operations		
Mi	ss Mary		Burrell			
MAG	Gist Av			Autopsy results		atistically.
Hadicas	GISC AV		r 0/ 301r	22. VIOLENCE: It death was due to externat caus	ses, fill in the tollowing;	te destate
Burial Burial Date thereof June 26 1945 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremato	, Rock C	reek (	Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location Was	hington,	D.C.	0	Injured at home, farm, industry, public place (wh		
18. Funeral director . Milliam Teis Sons Co		Means of injury	tnjured at work?			
Address 300 -4th, St. N.E. Washington, D			E. Washington, D	.c. al.	Then 1	. M
0 //			chins m. Schaed 10.	23. SIGNATURE	M. D. or	other
ate rec'd by re	7 19.4.J	(1 11	Reiterar	Address May lome 100	Date signed	123/45

CHATTERONT OF CEATER



PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

-		440
Reg. Dist	No.	273

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Sontgomery	State. District of Col. County
City or lown	
How long in above place of death? 3 /4 5.5.	(If outside city of town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 5619 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
May long to be posted or best tilling? 3 14 hrs.	(If rural, give LOCATION)
Main Inuit to mashirst or customast	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cannon - unnamed.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Vernale Cehite high	20. DATE OF DEATH. 15 JUNE 19 45 at 1230 P. A
	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
8.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decrased from
7. Sirth date of	and that I last saw h CK salive on 5 JUDE 18.45
deceased (mo., day, yr.)  R ACE. Years   Morris   Days   If less than one day	Immediate cause of death ESPIRATORY MANO. DURATION
8. AGE: Years Mortis Days If less than one day	CARDIAC FAILURE
hrs	
8. Birthplace 19 James (Town, county, and state)	Due to PREMATURITY
10. Usoal occupation	Due to.
11. Industry or business	
12. Namo	Other conditions
13. Birthplace Cashington, D.C.	(Include pregnancy within 3 months of death)
# 14. Maiden name Gronne Sallinhafer	Major findings of operations
15. Birthplace Baltimore, Md.	Date of op.
16. Informant Coashington Sani Larian & Hospital	Antonsy results
1. 1/2. 0. 1.1.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. 11.101.15	22. VIOLENCE: If death was due to external causes, fill in the tellowing;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicido, or homicide
Cometery or crematory washing to	Where did injury occur?
Location 436 - 5th St S. W. Wash D.	Injured at home, tarm, Industry, public place (where?)
10021100	Moans of Injury / Ifflured at work?
18. Funeral director.	Man / K Man &
Address 436-> the St. 8.7/ washed	to the then see I be source Mis
June 16 165 Fifthm About	M. D. or other
19. 19. (1)	ALLE CORAL POLY (ILLE Pair street 15 JULIS

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 770-



#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 19NTGOMERY	State MARYLAND COUNTY MONTGONIERY
City or town ITASKY LLL [If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or towo. Rocity ! La LE (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. RFD 4
MONTGOMERY AVE	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tranklin y. Carlin	212-24-4198
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single.	20. DATE OF DEATH 25 19.5 11 / 4 A M
6.(b) Name of bushand or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of	Significant Case
deceased (mo., day, yr.) JANUARY - 5TH 1929	and that I last saw halive on
8. AGE: Years   Mooths   Days   If less than one day	Immediate cause of death DURATION
16 5 20 hrs. min.	Keled Kell
P M-	1 D L A
9. Birthplace Rock UILLE Mo. (Town, county, and state)	Due to Surrance of Rt Jugular
10. Usual occupation STUDENT	Vision - 1
	Due to Detactive of March
11. Industry or business	(accollited)
12 Name FRANCIS G CARLIN  13. Birthplace MARYLAND -	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name PERRL KING-	Major findings of operations
14. Maiden name FARL NING.	Date of op.
18, Informant MRS PEARL J. WARD.	Antonsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address ROCKVILLE MO RFO 4.	22. VIOLENCE: If death was doe to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Bate thereof. 6-27-45 (month) (day) (year)	Accident, suicide, or bomicide. Accident Date of 6-25-45
Cemetery or semestery M. E. CHURCH, CEMETERY	Where did injury occur? Cochrible Manyly State)
Location HYATTSTOWN MARYLAND	injured at home, farm, Industry, public place (where?)
18. Funeral director Warne & Camp bree	Means of injury disto decident injured at work?
Address 8434 GA. AUE SILVER SPRING IND	French ]. (Broschart M. J.
6/01/45 Onl: 29/-11-	23. SIGNATURE DIG. Milel, Green M. D. or other
19. (Data rec'd bytegristrar) Registrar	the late to the bots stone 6-25-41



M. E. Shard Constraint and

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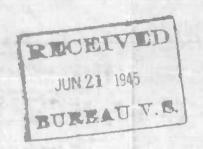
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

	1	0]	11	3
	A		7	, 0
Reg.	Dist.	No	di	8

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montgomery	(For oewboro infants give residence of mother)
City or town Be the sda (If outside city or town limits, write RURAL and give nearest town)	State Maryand county Moutgomery
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place ot death?	(If outside city or town limits, write RURAL and give nearest town)
Subuyban Hospital	Street No.
	(If rural, give LOCATION)
How long in hospital or institution? 20 days	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Carrie wee Verney Carroll	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed	
emale   or	20. DATE OF DEATH JSSUL - 16- 1975 al 5.23 4 M
6.(b) Name of husband or wife	21. I CERTIFY about death occurred on the date above stated; Ihat Lattended deceased from
	JANY - 24 1975 10 JANE - 16-1945
7. Birth date of Chariff School 18 11/19, give age years	and that I last saw half alive on
deceased (mo., day, yr.)	Immediate cause of death licutes pulmonary & mitorounition
8. AGE: Years Months Days If less than one day	Clubral himonhage 19days
79 2 1hrsmln.	A . O . A
C. Veville Mayeland	destilities !-
9. Birthplace Cooks ville (Town, equoty, and state) Mary land	Due to.
10. Usual occopation HUUSe wife	***************************************
	Due to
11. Industry or business	
E 12 Name Nimrod Dorsey	Other conditions
\$ 13. Birthplace Carroll City, Maryland	(Inclode pregnancy within 3 months of death)
置 14. Maiden name Saya Kline	(Inclode pregnancy within 3 months of death)
	Major findings of operations.
\$ 15. Birthplace Frederich Co., Maryland	Date of op.
18. Interment Nospital Records	Autopsy results ! Dutle Pullette to the Land to the La
Address BEthes da Mary and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1/18/11-	22. VIOLENCE: If death was doe to external causes, till in the following;
(Burial, eremation, or removal. Whiteh?)  Date thereot (mooth) (day) # ear)	Accident, suicide, or homicide
Language Consider	Where did injury occur?
Cemetery or crematory	
Location los trafon might	Injured at home, farm, Industry, public place (where?)
18. Funeral director De Startine	Means of Injury Injured at work?
0 al l. 4 0	M10. D mill hal
Address Tactherson	23 SIGNATURE LAMain O. Ffiller, HIN
Dance 17 w45 aby del getont	Marthan Rose M. D. frother
Date ree'd hy registrar)  Registrar	Address Date signed



DURATION

PHYSICIAN

Please underline the cause to which death should be charged statisti-cally.

M. D. or other

1	(II	1
1	IAI	1
-	-	-

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of information should carefully be supplied. MARGIN RESERVED FOR BINDING Every item WITH UNFADING INK. PLEASE WRITE PLAINLY,





19. (Date rec'd by registrar)

CERTIFICA	TE OF DEATH Reg. Dist. No
I. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State
3. (a) FULL NAME DOROTHY V. CARTER	3. (b) Social Security Number
4. Sex    Sex   S. Color or race   S. (a) Single, married, widowed, or divorced   Widowald   Widowald   Widowald   Widowald	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that I altended deceased from the date above stated; the date above stat
11	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Address 1400 - Thapsin At. M. W	23. SIGNATURE PARTIES OF LESS AND LESS



PLEASE

VS A15

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (125-6)

20017

#### CERTIFICATE OF DEATH

or Dist. No. 223-

1. PLACE OF DEATH:  COUNTY MOYTGOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
2	Magazinia Parata (a. 222
City or town TAKOMA PARK, MD. (If ootside city or town limits, write RURAL and give nearest town)	City or town AMOMA TARK
Now long in above place of death?	
WASHINGTON SANITARIUM	Street No. // G ALLEGHENY AVE. (If rural, give LOCATION)
How long in hospital or institution? Day	2.(a) tf veteran, name war.
3. (a) FULL NAME	
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
FINALE WHITE	20. DATE OF DEATH June 4 19 45 at 6:50 A.M.
6.(b) Name of husband or wife. CLARENCE SMITH (COMMON LAW HUSBAND)	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
( COMMON LAW HUSBAND)  8.(c) If allve, give age	Justil 3, 19. 45, 10 Julie 4, 19. 45
I I, hirth date of	and that I last saw h. L. L. alive on
deceased (mo., day, yr.) MAY 31 1914  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
5. NGE.	aute Repatities Lew days
3/ 4arsmi	
8. Birthpiece PI H. S. B. U.R. G. H. (Town, county, and state)	Due to
10. Usual occupation	Books.
11. Industry or business	Due to
12. Name JAMES COLFORD  13. Birthplace PITSBURGH PENNA.	
	(include pregnancy within 3 months of death)
14. Maiden name 15. Birthptace   RELAND	Major findings of operations.
E 15. Birthplace   RELAND	Date of op.
16. Informant CLARENCE OMITH	Autopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13 Remiral palathons 6/4/45	22. VIOLENCE: If death was due to external causes, filt in the following;
17 Date thereof (mopth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory A.	Where did injury occur?
Location Starting LO	Injured at home, farm, Industry, public place (where?)
Marti Mil Abranca la a	Means of thjury Injured at work?
18. Funeral director.	
Address 300 - 1V St. 14. 16/1	- 103 SIGNATURE Paul U. Starro M.W.
seno 4 .45 Attom Now	M. D. or other
(Unite rec'd by registrar)	"   /a/a. Naila /// /   -// // //

TAX SUPERING STORY



Evidence for age is shown	of
FILM No. G. 96	0 1345
1. PLACE OF DEATH:	

### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

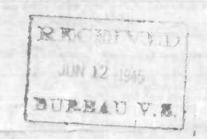
#### 2411 N. Charles St., Baltimore

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1	1	6	1	-	U

Dist. No.	51	4
 Dist No.	01	-/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Made County March Sandy
How long in above place of death? 2.5 2101	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	Street No. 802 Janchon and Jakmel:
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Margaret Loring	Huifol Conger 3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorces	MEDICAL CERTIFICATION
finale white morniel	20. DATE DF DEATH. 19. 15. 55.7. M
B. (b) Name of husband or wife Col Atting Conge	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h. E. S. alive on June 4
deceased (mo., day, yr.) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	CARDIAC DILATATION I hour
9. Birthplace	Due to.
10. Usual occupation. Assertation Participation	Due to
11. Industry or business	
12. Name George A Guilof  13. Birthplace Mass	Other conditions CESCORAL TEMPERRALE 4700
14 Mairien name Harrett & Rice	(Include preggancy within 3 months of death)  Major findings of operations.
15. Birthplace Mass	Bate of op.
16, Interment Col Continues Sa Consignation	Antopsy results
Address 802 Jackson and Jahoma PA	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisi, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory	Where did injury occur?
Location 3 dey the St me work Qe.	Injured at home, farm, Industry, public place (where?)
18. Funeral director of Awar Lee Sons Co	Means of Injury Injured at work?
Address 300 yth It ME	23. SIGNATUREN M. G. Shannon M.D
19. June 1 1945 Josephine m Schaeffe	M. D. or other

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#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore (740)

Reg. Dist. No.

223

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County VVO M GO M CYV	state Md. County Montgomery
City or town. (If outside city or town limits, write REVAL and give nearest town)	City or town [A Coma Car] (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Wash Sanitarium a Haspital	Street No. 810 Flower ave (If rural, give LOGATION)
How long in hospital or institution? 2 day.5	2.(a) If veleran, name war
3 (a) FULL NAME	3.(b) Social Security Number
Conine, Grace Estelle	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fem. White Souparated	20. DATE OF DEATH. JUNE 1 - 1945 at 2:15 bm
B.(6) Name of husband with Charles Conine	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  May 30, 19 45, to JUNE 1- 19 45.
	and that I last saw h.e.T. alive on June 1 1945
7. Birth date of deceased (mo., day, yr.) June 1- 1887	Immediate cause of death Old of Assert DURATION
8. AGE: Years   Months   Days   If less than one day	surreadial infants 6 worths
5 8 —hrsmin.	
9. Birthplace Takoma (ark) Ma. (Town, cognty) and state)	Due to arterio - relions 10 your
10. Usual occupation to use wife	Bue la Cardinac fuilire.
11. Industry or business	
E 12 Name James Collins	Other conditions Generalization anamica Committee
\$ 13. Birthplace Montgomery Co. MA	(Include pregnancy within 3 mouths of death)
14 Malden name Marka Giadings	Major findings of operations.
14. Maiden name	Date of Autopa y 6/1/45
10. Informati Son (Mr. charles Conine)	Antoney results as above.
Address 810 Flower ave. Tak. PK. Wd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bural, cremation, or removal. Which?)  Date thereof. Durks Li 1945. (mouth) (day) (yeer)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)  Cemetery or crematory GEORGE MASHING TON MEMORIAL	Where did labor occur?
Location PRINCE GEORGES C.	Injured at bems, farm, Industry, public place (where?)  Means of Injury  Injured at work?
18. Funeral director Wares & Purphrey.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Address 8434 Ga ave Selver Spring. ned	23. SIGNATURE DE SABenna Roulle
19. Quic 2 1945 Qui Dudley Registrar	Address 8005 Worshung Duce Date signed 6/1/45
3 400	Sitne Springs ked



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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-a)

# 06178

#### CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Thom Talmery	(For newborn infants give residence of mother)
City or town	State Mary County Mondago mary City or town Duthesha
How long in above place of death?	(If outside city optown limits, write RUBAL and give nearest town)
Hospital Institution, or street address where death occurred:	Sireet No. 46 S Slubrook Farkway
subustan Dagusal	(If rural, give LOCATION)
How long in hospital or institution? 51 day 5	2.(a) If veteran, name war
3. (a) FULL NAME Frederick H. Carwin	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
male w. married	20. DATE OF DEATH
8 (b) Hama at husband as with Maude W. ( arrowing	21. I CERTIFY that death securred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite	5/20/45 19 ,10 6/9/45 19
7. Birth date of years	and that I last saw h
deceased (mo., day, yr.) aug. 22, 1870	C. J. Paramoria
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
74 9 18hrs. min.	Right Lower Cohe - Confluent
· · · · ·	Tours I was a second second
9. Sirthplace / Www. gam. (Town. county, and state)	Due to
10. Usual occupation. Filther A	Due to Cecidental falls Course
11. Industry or business	, , , , , , , , , , , , , , , , , , ,
12. Name Milton M. Carevon	Diher conditions tracture of leck of feft
Z 13. Birthplace M. A.	Fender.
Shoat!	(Include pregnancy within 3 months of death)
14. Malden name. Skear  15. Birthplace Vermont	Major findings of operations.
H . 1 : + 1 (1) 22 4 1 10	Date of op.
19. Informant Haspelle Lectron Large	Autopsy results
Bish in C	22. VIOLENCE: tf deeth was due to externat causes, fill in the following:
(Burial, cremation, or repoval, Which?)  Date thereof	Accident, suicide, or homicide. Accident. Date of poil 13, 1945.
Cemetery or crematory. To the design Com.	Where did injury occur?
Location Maryland	Injured at home, farm, Industry, public ptace (where?)
18. Funeral director level Reuben Tumphe	Means of Injury Cocidental fall Injured at work?
Address 7557 Wis. aue. Bethertha	23. SIGNATURE Rechard & Kelso, u. D.
19. 6/2 1945 7hm E De Registrar Registrar	M. D. or other

JUNIA 1945 BUREAU V.F



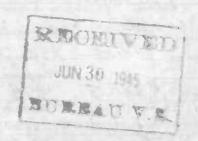
# CERTIFICATE OF DEATH

061812/3 -Reg. Dist. No. 2/3 -

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Malgomery Md.	Sinc AiC County	
(If outside city or town limits, write RURAL and give nearest town)	Charles (Dash. D.C.	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest t	town)
Potomoc, md	(If rural, give LOCATION)	1
How long in hospital or institution?	2.(a) If veteran, name war	V
3. (a) FULL NAME	3. (b) Social Security Num	ber
Nashan T.	Dove	
4. Sex 5. Colof or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
mile while married	20. DATE OF DEATH	7:00 PM
6.(b) Name of husband or wite Uwa Deston	21. f CENTIFY that death occurred on the date above stated: that I attended deceased to	
S.(c) If alive, give ageye	are Date Med Dearle Care	19
7. Birth date of deceased (mo., day, yr.) Sec. 31, 1879	and that I last saw halive on	19
8. AGE: Years   Mooths   Days   It less than one day	fmmediate cause of death	DURATIDA
66hrsm	in Comare verling	Land
9. Sirihpiaca Potomac md		7
(Town, county, and state)		<i>V</i>
10. Usual occupation.	Due to	
11. Industry or business,		
12. Name William Thomas Nove	Di her conditions	g
	(Include pregnancy within 3 months of death)	
E 14. margen name	Major findings of operations	000000.00.00.00.00.00.00.00
\$ 15. Birthplace Maryland	Date of op	*******************
18. Informant/MM. Dept. Down	Autopsy results	ticaDv.
Address 3224 Wes Wee. n. w. D. C	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burist cremation of removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	000000000000000000000000000000000000000
Buris cremation of removal Which?) (month) (day) f(year)	Where did injury occur?	
Ostanza na	Injured at home, farm, industry, public place (where?)	
Location Constitution Constitution Constitution	Means of injury Injured at work?	
18. Funeral director.	tout I Immehant	m. 1)
Address Or ockville, Md. 1	The state of the s	
18. 0/26/45 Josephine D. Hall	M, D, or oth	_
(Pate rec'd by registrar) Registr	rar Address State Sheet pad Date signed to	4.1.ZJ

UNFADING INK. Supply every item of information carefully. The correct tant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNF is especially important.

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VS A15

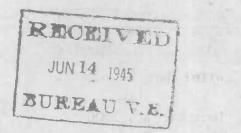
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

FILM No.G 97 JUL 25 1945

1. PLACE OF DEATH: Montgomery County				2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother) Florida	D:
City or town		Slate	***************************************		
How long In above pl		days		Clly or town Miami (If outside city or town limits, write RURA Street No. 1149 SW 4th St	
U.S. Na	val Hospit	al, Bet	hesda, Md.	(If rural, give LOCATION)	
How long in hospital	or institution?9	days		2.(a) If veteran, name war	V
3. (a) FULL NA		Alfred	DURRANT, Jr. AMA		cial Security Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFIC	ATION
Male	White		Married	20. DATE OF DEATH	19 45 a 8:10a,
	nd or wife Wife:			21. I CERTIFY that death occurred on the date above stated; that 31 May 19.45, to	9 June 19 45
7. Birth date of	Dogomb	er 16.	c) If alive, give ageyea	and that I last saw h. imalive on 9 June	19. 45
deceased (mo., da	ars   Months	Days	If less than one day	Immediate cause of death	
0. 1.04.	38 5	23		In. CEREBRAL HEMORR	HAGE / HOUR
9. Birthplace	New York	. county, and	state)	Due to DEUKEMIA, ACUTE	5 Weeks
10 Heual necunalin					***************************************
11. Industry or busin				Due to	
		Durrant	·		
14. Maiden nam		ne C. l	leaney	(Include pregnancy within 3 months of deat	
≥ 15. Birthplace	146 # 101	K OT O			le of op
TO. IIII Official L. CA.J.	has been a diverse a subdiviously a basis of the consideration of	de grandad de contra	Durrant ami;, Florida	PHYSICIAN: Please underline the cause to which death about	
			eof 6-9-115 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the	
				Where did injury occur?	
Location	Miam, Flori	da		Injured at home, farm, Industry, public place (where?)	
18. Funeral director	W. W.Cham	bers L	SN.C	Means of injury Injury	ed at work?
Address 11	00 Chapin	St. N.	Wasash. D.C.	23. SIGNATURE LOOK of B. Hayles, (MC)	USN
19. <u>6-9-</u> (Date rec'd by	19 45	Mary &	harlotte Smith	WONTED - Al- and a Mid	M. D. Of Other



PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d)

### CERTIFICATE OF DEATH

06182 Reg. Dist. No. 223-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Man grant granty	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long In above place of death?	City or town (If outside city or town limits, write HURAL and give nearest town)
Hospital, institution, or street address where death occurred:	17 Ray and Ith Sul
Washington Santanin Horas	Streel No. (If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
This Rose Cherly	
4. Sex 5. Color or race 6.(a) Single, married indowed, or divorced	MEDICAL CERTIFICATION
Female White Widaw	20, DATE OF DEATH June 17 1945 at 103
	21. I CERVIFY that death occurred on the date above stated; that tattended deceased from
6.(b) Name of busband or wife	21. I DENTIFY THAT death occurred by the date above stated, that talended deceased home talended to the state of the state
6.(c) If alive, give ageyears	
1. Birth date of deceased (mo., day, yr.) Jan 9, 1875	
8. AGE: Years Months Days I fless than one day	Immediate cause of death DURATION
70 5 8min.	Curry Cecusion 6/2 and
100	
8. Birthplace (Town, county, and state)	Due to Sky ples lus un Cardino - 3 gra
	Vaschelen Wese and
10. Usual occupation.	Due 10.
11. Industry or business area was	Ulliselerous
12. Name line a. Buchler  13. Birthplice Lewany	Other conditions
13. Birthpiece Germany	
	(Include pregnancy within 3 months of death)
14. Maiden name Mary a. Mambale  15. Birthplace Selmany	Major findings of operations.
≥ 15. Birthplace	Date of op.
18. Informant Responded Tragh Law took	Autopsy results.
Address Tokona Park mg	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 19 19 19 19 15	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Prospert 24cl Cerettery	Where did injury occur?
Location Washington D. C.	tnjured at home, farm, industry, public place (where?)
18. Funeral director Afficience Co	Means of injury Injured at work?
Address 2-901-1441, N. W.	4. Somewhit
	23. SIGNATURE M. D. or other
19. Dyte rec'd by registrar)	Address of akone Hack Wed Date signed 6/17/45

A. F. To the Contract of the Second



1:

# M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The convect age is especially important. Physicians: please write the causes of death clearly and legibly.

WARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /08

## CERTIFICATE OF DEATH

Reg. Dist. No. 2/3-

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County County City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) It reteran, name war.
3. (a) FULL NAME  E//a  E	-dmouds 3.(b) Social Security Number
Female Coloned B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH  20. DATE DE DE DEATH  20. DATE DE
8.(c) Hame of husband or wife 8.(c) If alive, give age year departed (no. day yr.) Supplied to 1874	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 45, to 5.47, 3.19.45  and that I tast saw h. 60, alive on 5.47, 7.19.45
8. AGE: Years Months Days It less than one day  1/ 28 It less than one day  9. Birthplace Frederick County and	
9. Birthplace (Town, county, and siste) 10. Usual occupation (Town, county, and siste) 11. Industry or business	Due to.
12. Name. Unk	Diher conditions
14. Malden name. Unk name.	Major findings of operations
16. Interment Charles Charles (Con) Address Ruckville, Ind.	Antopsy results
(Burial, cremation, or removal, Which?)  Date thereof funct / (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory arlington Mat. Cometery Location Washington, W. C.	Where did injury occur?
16. Funeral director Rabert D. Snawfer  Address 246 n. Wash. St. Rockielle ne	Means of injury injured at work?
19. 6/17-45 19 Josephine & Haston (Date roe'd by registrar)  Registrar	M. D. or other

JUN 21 1945 BURBAU V. B. ARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



County Montgomery			(For newborn infants give residence of mother)	
City or town			State Maryland County Montgo	omery
			City or town. Rockville	
		death occurred:	Westmore	
westmo	ore, Ma.		(III IIII, give DOCATION)	
How long in hospital	or institution?		2.(a) It veteran, name war <u>none</u>	
3. (a) FULL NAM	IE		3. (b) Social	Security Number
HARVE	EY REID E	TCHISON	217-0	1-7260
4. Sex	5. Goior or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATI	ON
male	white	Divorced	20. DATE OF DEATH.	1945 al 6:00 P
R (b) Name at husbani	Editl	n M. Bennett	21. I CENTIFY that death occurred on the date above stated; that I atte	
			ars and that last saw h. alive on car	19
7. Birth date of	Thah 6		and that last saw halive on	<b>5</b> 19
deceased (mo., day,	71.7	Days   It less than one day	Immediate cause of death	
8. AGE: Year 59	3	18	In. Parada	did
	77 3 3 3 3-	hrsn	- Colorary occusion	sudfort
9. Birthplace	Clarksburg	eouty, and state)	Due to	
10 Heural meannation	Labore	2		
11. Industry or busine	07		Due to	
			Pu uni	
12. Name	Damascus	Md		
E 15. Bittiplace	File M	Warfield	(Include pregnancy within 3 months of death)	
H 14. Maiden name	Ella M. Damascus Mrs. Mary	11.50 h. h. h. 50 m 54	Major findings of operations	***************************************
≥ 15. Birthplace	Damascus.	Ma.	Date of	o p
16. Intermant	Mrs. Mary	Gossard	Autopsy results	
Address Ro	ckville,	Rt. 4 Md.		
17 Buris	n, or removal. Which?)	Date thereof 6/14/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the follow  Accident, suicide, or homicide	
Cemetery or transfer Clarksburg				
Location Clarksburg, Md			Injured at home, tarm, Industry, public place (where?)	
16. Funeral director	Warner.	E Venyshrey	Means of Injury Injured at	work?
	ckville,		Jan J. Broke	somis.
-		1. 9 -1	23. SIGNATURE TO THE COLUMN	
19. 7/3	egistrar)	ocephine A. Hoolle	n es is	



PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

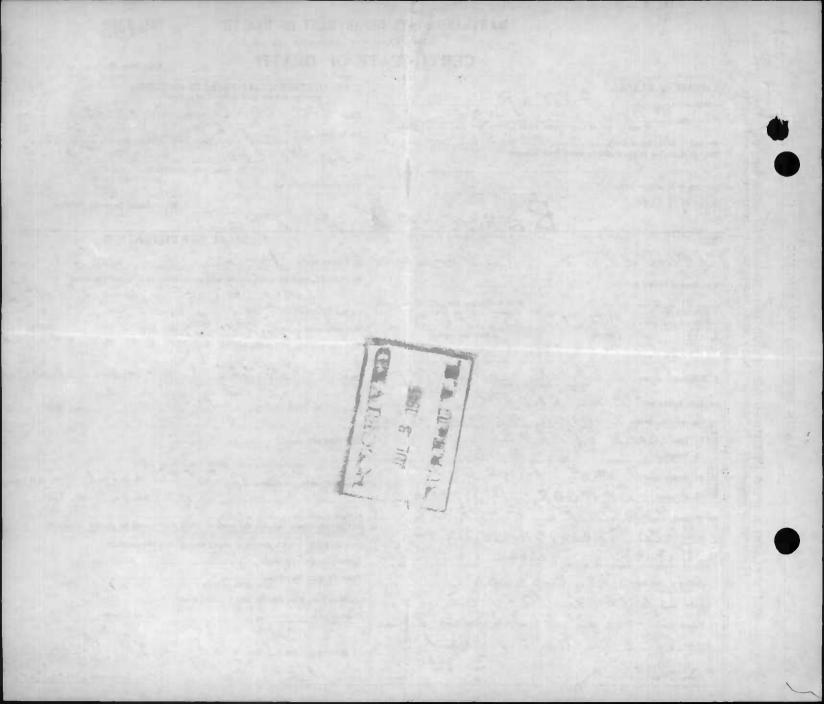
ALAM	THE	
(46-0)	K	

### CERTIFICATE OF DEATH

06185

Reg Dist No 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County MONTGOMERY	(For newborn infants give residence of mother)
City or town (if outside city or town limits, write RURAL and give nearest town)	State MARYLAND County MONTGOMERG
How long in above place of death?	City or town
How long in above place of death?	Street No 4801 CHEVY CHASE DRIVE
	(If rurk) give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
KINNEHE	LADDEII
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1- 111	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE OF DEATH. 6-28 19.45 at 1 M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; thetal attended deceased from
	Jan 6 1945 10 June 28 1945
7. Birth date of 7. Sirth date of 7. Sir	and that I Jest saw h. C. R. allys on
deceased (mo., day, yr.) APRIL 3, 1880	Immediate cause of death Jen. accumulation DURATION
8. AGE: Years Months Days I fless than one day	Aleral Elfusion 4 mose
65min.	
8. Birtholace OLD TOWN MAINE	Due to Metastatic Carcusoma 6 nos
(Town, county, and state)	
10. Usual occupation MAIL TELLER	Que to Durana Cost adentrua lenknouse
11. Industry or business NATIONAL METROPOLITAN DANK	
# 12 Name JOHN FARRELL	Other conditions
13. Birthplace IRELAND	
	(Include pregnancy within 3 months of death)
E	Major findings of sperations.
15. Birthplace BANGOR INAINE	Date of op. 45
16. Informant/MARL E. FARRELL	Autopsy results.
Address 4801 CHENY CHASE DR. CH.CH.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 1, 40	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Du R A Daie thereof (month) (day) (year)	Accident, suicide, or homioide
Cemetery or crematory MT PLEASANT	Where did injury occur?
RIVER MOINE	Injured at home, tarm, industry, public place (where?)
Location S.A.N.G.O.R.	Means of injury Injured at work?
19. Funeral director sept. Howeles Sono me.	18
Address 1756 Pa. Que. 4. W. Wash DC	11 Januar das M. Oler
1-20-41 - mo sekon.	23. SIGNATURE
19. (Date rec'd by registrar)  Registrar	Address 1628 our le Date signed 6-30.45



MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

X 216

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME Mers-Mallee Fisher	3. (b) Social Security Number
7. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced   7. William   White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(6) Name of husband or wife	21. I CENTIN that beath opcurred on the date above stated; that I will all the deceased from 19.4.5.
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)  8. AGE: Years Months Days if less than one day	Immediate cause of death Ouration DURATION
9. Birthplace POCANA (Town, county, and agate)  10. Usual occupation A A A A A A A A A A A A A A A A A A A	Due to. Due to.
11. Industry or business  12. Heme Sharman Cogggo Coggg Cogggo Coggg Cogg Cog	Other conditions
14. Maldeo name Casalle 7. King.	Major findings of operations
18. Interment Mrs. Joseph Matthews Sung	Autopsy results
17. (Burial, cremation, or removal. Which?) Date thereof June 27/943.	22. VIOLENCE: 1f death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Machine C	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. W.	Means of Injury injured at work?
19. 6/24 18.45 9m & Jobes	23. SIGNATURE M. D. or other  M. D. or other  M. D. or other

JUN 28 1945

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, wrise RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Cirna Elizabeth Fletcher.	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced    6.(b) Name of husband or wife   6.(c) If alive, give age   years    7. Birth date of   deceased (mo., day, yr.)   apr 14   1925	MEDICAL CERTIFICATION  20. DATE DF DEATH
8. AGE: Years Months Days If less than one day  / PZ5 2 2 2hrs. min.  9. Birthplace (Town, county, and state)  10. Usual occupation fluctions for the county of the	Immediate cause of death The Death of the Conditions  Due to Good Conditions  Due to Conditions  Difference of the Conditions
14. Malden name. Constant Fernand Thread Thread 15. Birthplace  16. informant Good Constant Thread 17. Burnal Date thereof B/26/45  17. Burnal Date thereof (month) (date (year) Complete or appealant of American Date (month) (date (year) Date thereof Date Constant Date (month) (date (year) Date (year) Date (month) (date (year) Date (	(Include pregnancy within 8 months of death)  Major findings of operations
Cemetery or crematory  Location  Location  18. Funeral director  Address  Pathershire  Address  19. Market  Date rec'd by registrar)  Registrar	Injured at home, farm, Industry, public place (where?)  Meens of Injury Culomble Readingress work?  23. SIGNATURE

BURRAU V.S.

1. PLACE OF DEATH:

Montgomery

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

### 2411 N. Charles St., Baltimore 157-9 CERTIFICATE OF DEATH

City or town. Silver Spring. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	State Maryland County Montgomery  City or town Silver Spring  (If outside city or town limits, write RURAL and give nearest town)  Street No. 8708 Colesville Road.	
***************************************	(If rural, give LOCATION)  2.(0) If veteran, came war	
How long in hospital or institution?		
ALAN PALMER FURPHY	3. (b) Social Security Number	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   MALE   WHITE   SINGLE	MEDICAL CERTIFICATION  20. Date of Death	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
8. AGE: Years   Months   Days   If less than one day   27	Atresia of bile ducts, congenital.	
9. Birthplace Elmira, N. Y. (Town, county, and state)  1D. Usual occupation	Due 10	
12. Name Foster LeRoy Furphy 13. Birthplace Brooklyn, N. Y.	Other conditions (include pregnancy within 8 months of death)	
14. Maiden name Grace Palmer  15. Birthplace East Creek, N. Y.	(Include pregnancy within 8 months of death)  Major findings of operations	
16. Informant Col. Foster LeRoy Furphy Address 8708 Colesville Rd.	Autopsy results	
17. Cremation Date thereof. 6/19/45 (month) (day) (year)	22. VIOLENCE: If death was dua to external causes, fill in the following;  Accident, suicide, or homicide	
Cemetery or cremator Fort Lincoln Location Pringe Georges Co. Md.	Where did Injury occur?	
18. Funeral director	Means of Injury Injured at work?	
Address 8434 Ga. Ave. Silver Spring. Md  19 June 19  Date rec'd by registrar)  19 4 Josephine In Schaeffle Registrar	23. SIGNATURE Louis E. Lieder, Lt.Col.MCD. or other	



2411 N. Charles St., Baltimore (159)

	10g. Dist. 110,
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Menly ameng	h h h h h
Cily or town (If ontside city or town limits, write RURAL and give nearest town)	State Mary County County
	(if outside city or town limits, write RURAL and give nearest town)
How long in above piace of death?	31. 1 0.1:
Bulurkan Hospital	Streel No. (If rural, give LOCATION)
How long in hospital or institution? 3 Raussa 55 min.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Insant Dirl Dries	Ga
4. Sex 5. Color or roce 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white newharn	20. DATE OF DEATH JULIAN 5 19 45 at 2,130 am
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
	June 4, 19 45, 10 Juliane 5 19 45
7. Birth date of	and that I last saw h. O.C. alive on John Son 19 45
deceased (mo., day, yr.) tune 4, 1945	Immediate cause of death
8. AGE: Years Months Days If less than one day	
3 hrs. 55 min.	Prenature 5 mo
Rother da Mandagana Sond	
9. Birthpiace (Town, county, and state)	Due to
1D. Usual occupation	
	Due to
11. Industry or business	
12. Name Canhall Nawrence Thiggs  13. Birthpiace (Slington Devas	Other conditions
\$ 13. Birthpiace (feling low, dellas	
14. Maiden name Margie Inez Stilwell	(Include pregnancy within 3 months of death)
6 0. (0400)	Major findings of operations.
2 15. Birthplace Leurs Chlansma	
18. Informant	Autopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Gemetery of Crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
	A-9011 N
Address	23. SIGNATURE Cato . Caquatant In
18. 6/6 1845 Mm 6 Johns	M, D. or other
(Date reed by registrar) Registrar	Address Subultant 1530 Dale signed 6/5/40



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (47) CERTIFICATE OF DEATH

Reg. Diat. No ....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County montgomen co	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Washing to county Ala G.
How long in above place of death?	City or lown
Hospital, institution, or street address where death occurred:	Sireel No. 4702 - Winder Ol M.W.
Sulvilar Compilal	(If rural, give LOCATION)
How long in hospital or institution? 24 days	2.(a) If veteran, name war
3. (a) FULL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
ella county	
4. Sex 5. Color or Pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F U. married	100 mm 17 10 mm 6 mm 6 mm 10 m
	20. DATE OF DEATH
6.(6) Name of husband on wife.	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6.(c) If alive, give ageyears	19, to
7. Birth dale of	and that I last saw h
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediae canse ol death
0. Kull	Johnson Carcinonia-
79 (0   1 +  hrsmin.	Indespeed personal in plant
9. Birthplace Rocalestes - N-M	Due to Carcus Carcus
9. Birthplace (Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
# 12 Name Milliam Doven	Diher conditions Cricities A
12. Name 12. Name 12. Name 12. Name 12. Name 12. Name 13. Birthplace 13. Birthplace 14. Name 14. Name 14. Name 15. Name	P. Dunan Jedarchen
0.4	(Include pregnancy within 3 months of death)
E 14. Maiden name La artella Jana Mann.	Major findings ol operations
15. Birthplace Now	Dale of op.
	Autopsy results le above
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22_VIOLENCE: If death was due to external causes, fill in the following:
17 Cemoval Date thereof une 18-194	
(month) (day) (year)	
Cemetery or crematory CULDWATER Michigan.	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injuryd at work?
16. Funeral director Martin. W. Lypony Co	11/1/10/10
Address 1300 - N. St. M.W. Wosh. 5, D.C	Hickord & Kelie u. O
6/17 110 5Am 300	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  Registra	Address Bithes da, hid Date signed 6-17-45

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JUN 20 1945

BURBAU V. S.

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

06191 Rog. Dist. No. 218

CERTIFICAL	LE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH  County  City or town  Af outside city or town limits, softe RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  How tong in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For lewborn infants give residence of mother).  State
3. (a) FULL NAME Gertrude Hackett	3. (b) Social Security Number
4. Sol 5. Color or race 6.(a) Single, married, widowed, or divorced midowed	MEDICAL CERTIFICATION  20. Date of Death 195 at 12 A M
6.(6) Name of husband or wife. Engence Hackett  6.(c) It alive, give age years  7. Birth date of unbrown	21. I CERTIFY that death occurred on the date above stated; that patiended deceased from  19.7. to
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION  Coschal Hermschage 2 days
9. Birthplace Stolesville And (Town, county, and state)  10. Usual occupation hause suffice  11. Industry or business at hame of as domestic	Due to
11. Industry or business 20 mm of the control of th	Other conditions
14. Maiden name Mary Hill 15. Birthplace much norm	(Include proguancy within 8 months of death)  Major findings of operations
Address Bealleville Mg	Autupsy results
17. (Buriai, cremation, or removal. Which?)  Date thereo( (month) (day) (year).	22. VIOLENCE: It death was due to external causes, tilt in the toilowing:  Accident, suicide, or homicide
Location Barnesuiche mo	Where did Injury occur?
18. Funeral director. S. Smandler Address 246 7, Wash. It Rock wille	23. SIGNATURE Milliam B. Miller M.D. or other
(Date rec'd by registrar)  19 46 Uhulu H Registrar  Registrar	Address Jouthersburg And. Date signed 6/20/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING



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	TE OF DEATH  Reg. Dist. No. 2//
1. PLACE OF DEATH:  County  City or town  (If outside city of town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County County Of the
Robert Jackson Hall	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Woodowd    8.(b) Name of husband or wife   Woodowd    8.(c) If alive, give age   Years   Years    8. AGE: Years   Months   Days   If less than one day    6.(c) If alive, give age   Years    8. AGE: Years   Months   Days   If less than one day    6.(d) Name   Woodowd    8. Birthplace   Woodowd    9. Birthplace   Woodowd    11. Industry or business    12. Name   Woodowd    13. Birthplace   Woodowd    14. Malden name   Woodowd    15. Birthplace   Woodowd    16. Informant   Woodowd    16. Informant   Woodowd    17. Birthplace   Woodowd    18. Birthplace   Woodowd    19. Birthplace   Woodowd    10. Birthplace   Woodowd    11. Informant   Woodowd    12. Name   Woodowd    13. Birthplace   Woodowd    14. Malden name   Woodowd    15. Birthplace   Woodowd    16. Informant   Woodowd    17. Birthplace   Woodowd    18. Birthplace   Woodowd    19. Birthplace   Woodowd    19. Birthplace   Woodowd    10. Birthplace   Woodowd    10. Birthplace   Woodowd    11. Informant   Woodowd    12. Birthplace   Woodowd    13. Birthplace   Woodowd    14. Birthplace   Woodowd    15. Birthplace   Woodowd    16. Informant   Woodowd    17. Birthplace   Woodowd    18. Birthplace   Woodowd    18. Birthplace   Woodowd    19. Birthpla	MEDICAL CERTIFICATION  20. DATE DF DEATH MILE 3.0
Address 2 1945  17 But at 1945  (Burial, cremation, or removal Which?)  Cometery or eromatory  Location 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

THE LESS HE PER ALTERNATION

JUL 7 1945
BUREA

2411 N. Charles St., Baltimore 982

### CERTIFICATE OF DEATH

16198/8 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	
City or iown (If outside city or town limits, write RURAL and give nearest town)	State Ass County ) for county
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Manie Estell Has	wking
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple Col, Widowy	20. DATE OF DEATH 2 19 45 at 6 40 4 M
and the same of the same in	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	May 19 19 45 to James 1 1945
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 100/6 - 18/5	Immediate cause of death DURATION
8. AGE: Years   Months   Days   It less than one day	Museastial Legensalin
69 6 27hrsmin.	
man to a const	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	
	Due to
11. Industry or business	
# 12. Name	Other conditions
13. Birthplace montatory Co me	Bronstead asthern
E	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Linkson	Date of op
16. Interment of Sela Hawking	Antoney results.
Ca 14-11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0/5	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery of erematory	Where did Injury occur?
Location Marshary Complete	Injured at home, farm, Industry, public place (where?)
18. Funeral director of Aff Barelin	Means of Injury Injured at work?
Address attance the man	m 11.1 m
The state of the s	23. SIGNATURE STATEMENT TO THE STATEMENT OF THE STATEMENT
19.74/ 1948 K N Telel	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed June 4194



2411 N. Charles St., Baltimore 157-0

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County Mentagemery						
City or town Bethes	dd		JRAL and give nearest town)	state Maryland coun	ty renigemery	
(If outsid	e city or town limi	its, write Ri	JRAL and give nearest town)	City or town	Dethesda	***************************************
					, write RURAL and give neare	at town)
Hospital, institution, or stree				Street No. 1924 Wisconsin	AVe.	000000000000000000000000000000000000000
	1			(If rural, give l	LOCATION)	
How long in hospital or insti	tution?			2.(a)  1 veteran, name war	***************************************	
3. (a) FULL NAME					3. (b) Social Security N	umber
Caral Hetri	ick					
4. Sex 5. 0	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female 1	White	Sino	rle	20. DATE OF DEATH June 30	2 19 45	1 55° A M
			1	21. I CERTIFY that death occurred on the date above		
			***************************************	June 2 8 195		301945
7. Birth date of	<b>.</b>		It alive, give ageyears	and that I last saw h.E.R. ative on	11	
deceased (mo., day, yr.) U	1000 16	, 194	<b>'</b> S	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Broncho.	namoria	3 Days
	3	14	brs min.	A		
B-t-	to Mata		Marland	congenital	Heart	Lilo
9. Birthplace. No. R. L. M. E. S. C.	Town, do	ounty, and at	(atte)	Masal		7
9. Birthplace Bathesda Montgamery Mardand Town, dounty, and attell			**************************************	***************************************		
				Due to		••••••
11. Industry or business	none					00.00.00.00.00.00.00.000.000.000.000.000
12. Hame Timoth  13. Birthplace D. B	ny & He	etrick.		Other conditions		•********
E 13. Birthplace Du B	ois Peno	sulvar	nia .	(Include pregnancy within 3 m		
ad )		Z' nnev				
5	0	1.74.1.1.1.1.24.1		Major findings of operations		
15. Birthplace Du L	Jois la.			***************************************	Date of op	
16. Informant	HOSPT.	Rec	ords	Autopsy results		
				PHYSICIAN: Please underline the cause to wh	ich death should he charged st	atistically.
Address	,		notin	22. VIOLENCE: Il death was due to external caus	ses, fiti in the tollowing;	
17. Burl AL (Burlal, cremation, or r	4	Oale there	01 (month) (day) (year)	Accident, suicide, or homicide,	Oale o1	
	emoras, which	161.0		Where did injury occur?	10.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	5×6000000000000000000000000000000000000
Cemetery or crematory Nockrille Linian Cem			- Wallon II CEN	Where did injury occur?(City or town)		
Location ROCKY, LoLE MA			md.	Injured at home, 12rm, industry, public place (wh	lere?)	
1,9mp 12 P. 2/1			Remorrer	Means of Injury	Injured at work?	
18. Funeral director			and the state of t		1/2 1	111 8
Address 7557	Wes C	lue	Dethords	23. SIGHATURE Hawle M.	Hobark	MN.
19. 7 2 18 45 Am & Johnsond.			E Johnson	Address 5 402 Com	aul Bate signed	30/45

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BUREAU V.S.

PLEASE WRITE PLAINLY, is especially

### MARYLAND STATE DEPARTMENT OF HEALTH

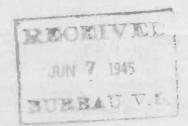
2411 N. Charles St., Baltimore



# 06195

Reg. Dist. No. 216	l
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County	City or town (If outside city town limits, write RURAL and give uearest town)  Street No. 3.2 (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Robert & Hoade	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Stage, married, wildowed, or dispraced	MEDICAL CERTIFICATION  20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
10. Usual occupation	Due fo
16. Informant Address 3826 Windows Pl. 7. 46.  17. (Burial, cremation, or removal Which?)  Cemetery or crematory	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (Connty) (State)
18. Funeral director. LOT Reules Gengley  Address 7557 Wis Leve. Balless, MI  19. 6/5 19.45 Mm & SRegistrar  (Date foc'd by registrar)  SRegistrar	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  -23. SIGHATURE  Address  Address  Address  Date signed (4.3.2.3.55)



2411 N. Charles St., Baltimore

000	3/
466	X
(100)	1

06196		
Par Dias No	214	

County Montgomery	2. USUAL KESIDERCE (FOUND) OF DECEASED: (For newborn infants give residence of mother)
City or town. Colesville (If outside city or town limits, write RURAL and give nearest town)  Now tong in above place of death?	State Maryland County Montgomery  City or town Colesville  (If outside city or town limits, write RURAL and give nearest town)  Street No. On Pike in Colesville  (If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war no
3. (a) FULL NAME CHARLES ALPHEUS HOBBS	3. (b) Social Security Number none
4. Sex   5. Color or race   6.(a) Single. married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife. Alice Naomi  6.(c) If alive, give ageyears  7. Birth date of deceased (mo., day, yr.) Jan. 28th. 1887	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years   Months   Bays   If less than one day   20	Immediate cause of death Canglant Translation DURATION
9. Birthplace Howard Co. Md. (Town, county, and state) Poute  10. Usual occupation Owner & operator of Milk  11. Industry or business	Due to
12. Name Franklin Marion Hobbs 13. Birthplace Sunshine, Md.	Other conditions
14. Maiden name Martha Eliz. Johnson 15. Birthplace Howard Co. Md.  16. Informant Mrs. Alice Naomi Hobbs	Major findings of operations of the state of op. 3-7-7-5
Address Colesville, Md.	Autopsy results
Burial (Burial, cremation, or removal, Which?)  Date thereof 6/20/45 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, flit in the following:  Accident, suicide, or homicide
Cemetery or crematory Colesville	Where did injury occur?
Location Colesville, Montg. Co. Md.	Injured at home, farm, industry, public place (where?)
18. Funerat director Ware & Gunghwey  Address 8434 Ga. Ave. Silver Spring. Md  19. Date 19. 19.45 Sephine M. School Registrar)  Registrar	Means of injury  Injured at work?  23. SIGNATURE



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore 163-77

06197 Reg. Dist. No. 2/6

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State M. 4 County M. M. County
How long in above place of death? Le Let James	(If outside city or town limita, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	42
	Street No. March (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1 4 1 11 11	5. (b) Social Security Number
4. Sex // 5. Color or race   6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Semale white married	20. DATE OF DEATH Jame 13 1945 at 2:22 P. M.
1 111 0 1/ 11.11	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife. Albert C Abubbell	21.1 Court i that up and uccorrect off the unit at some states, that I attended deceased norm
7. Birth date of	Ca.
deceased (mo., day, yr.) Max 25 1911	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
34 2 18hrsmin.	caston morreal faminy tains.
9. Birthplace Moviston Dem. (Town, county, and state)	Due to. Janel clean and,
10. Usual occupation.	
11. Industry or business	Due to
12. Name Arch Baylon  13. Birthplace Va	Dther conditions
	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace /consville Dean.	Date of op.
16. Informact Mellie Locke	Antopsy results
Address 5200 murray Rel. Brookdele recl	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory Tomoral Stast: De.	Where did lojury occur? Brookdale Many Mel (City or town) (Connty) (State)
	Injured at home, farm, industry, public place (where?)
Location XX 00	
16. Funeral director S. Milliam Reis Cons	Means of injury Injured at work?
Address 368 - 24 2 2 1 1 6	Frank J. Beverhant M. J.
11 3/2 30	23. SIGNATURE
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Gaither and Date signed 4-13-45



correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH IN is especially important VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (KS)

### CERTIFICATE OF DEATH

()6198 Reg. Diat. No. 2/6

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Hospital, institution, or street address where death occurred:  How long in hospital or institution?	Street No. S. Manna Circle (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Philip Barry Hubbell	3. (b) Social Security Number
4. Sex   5. Chr or race   6. Cysingle, married, widowed, or diverced    **Male   Cuhite   Security    6. (b) Name of husband or wite   6. (c) If alive, give age   years    7. Birth date of   deceased (mo., day, yr.)   Max   3 0   19 3 9    8. AGE: Years   Months   Days   If less than one day	MEDICAL CERTIFICATION  2B. BATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  and that I last saw h
9. Birthplace	Due to  Dither conditions  (Include pregnancy within 8 months of death)
14. Maiden name Jean Baylor  15. Birthptace Environtom, Jenn  18. Informant Mellis Lower Ad Brookdale mel	Major findings of operations
17. (Burial, cremation, or removal Which?)  Cemetery or crematory  Location  18. Foneral director  Address 300 - 4" At 77 &	Accident, suicide, or homicide.  Where did injury occur?  (City or town)  (Injured at home, tarm, industry, public place (where?)  Means of injury  Trank J. Browshart M. U.
19. 6//3 19.45 Mm & Oles (Date red by registrar)  Registrar	23. SIGNATURE M. D. or other  Address M. D. or other  Address M. D. or other



2411 N. Charles St., Baltimore 940

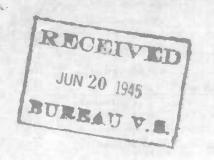
Reg. Dist. No.....

06199

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State 12. 9 County West Chester 90 B
City or town(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 1/2 days	City or town
Hospital, Institution, or street address where death occurred.	Street No. 93 Green acres ave.
V	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Folias Frederical He day	3. (b) Social Security Number
4. Sex   5. Color or race   6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M w married	20. DATE OF DEATH Jone 18 1945 at 1:0- A M
1 . 1/ 1-11	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife.	Daf Med 2 19 10 10 11 19
	//
7. Birth date of deceased (mo., day, yr.) Les 29 1901	and that Uast saw hallve on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
43 5 19min.	P.D. me and a selection of
	Comany occlusion suddent
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation	
	Due to
11. Industry or business	
E 12, Name Dannel Hudson	Other conditions
13. Birthplace Ohrs	(luctude pregnancy within 8 months of death)
14. Malden name Elize mc neal	
	Majur findings of operations.
15. 8irthplace Class	Date of op.
16. Informant Mrs Ralf & Andless	Autopsy results.
44dress 2715 Danial Rd. Chery Churce mo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(P) + /// -/25	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)  (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hash 20 C	Where did injury occur?
ochieter) of orematory	Injured at home, tarm, industry, public place (where?)
Location	
18. Funeral director Los Gun less Sons	Means of Injury Injured at work?
Address Nach, D.C	trans I Broschart M. J.
1/10 May E O A	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar)	Address Justina Thy Date signed 6-18-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

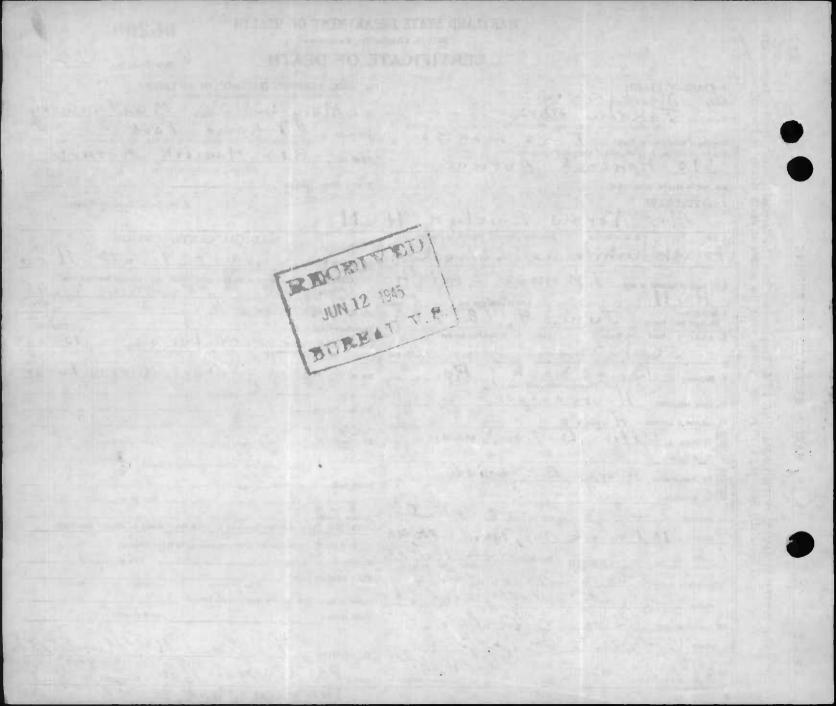


### CERTIFICATE OF DEATH

E/		
2 5	1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
. The legibl	County Montgomery	State Mary land county Montgomery
l le	City or town	City or jown Takoma Park
carefully.	How long in above place of dealh? Two months	(If outside city or town limits, write RURAL and give nearest town)
rly	Hospital, Institution, or street address where death occurred:  310 Honcock Avenue	Streel No. 310 Hancock Avenue
on caref	How long in hospital or institution?	2.(a) It veteran, neme war.
h c	3. (a) FULL NAME	3. (b) Social Security Number
information of death cle	Mrs. Norma Evelyn H	011
	4. Sex 5. Color or race 6.(a) Single, married, widow 6, or divorced	MEDICAL CERTIFICATION
of	temale white widowed	20, DAYE BF DEATH JUNE 9 19 45 at 11 15 11
item cau	Thomas Smith	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	(6) Name of husband or wife	May 25, 1945 to June 7, 1943
every ite th	7. Birth date of 7. Bir	and that I last sach Er alive on May 27 19.45
	deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
Supply sase wr	5 6 0 0hrsmin.	Coronary occlusion 15 days
Sup please		Bueto Coronary heart direase lyear
	8. Sirthplace	Bue 10
ADING INE Physicians:	19. Usual occupation. House Keeper	Buain
ysic	11. Industry or business Homes	96 (4
AD Ph	# 12. Name /=//is B Landman	Other conditions
P. F.	13. Birthplace	
rtan	14. Malden name Mary E. Smith	(Iuclude pregnancy within 3 months of death)
WITH UNF	14. Malden name	Major findings of operations.
W in	man for The Ul	Autopsy results.
LY,	10, 100000000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, is especially	Address 510 Hourock Ave. 12 Pakema PK. Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
LA es	17. (Burial, cremation, or removal. Which')  Bate thereot (month) (day) (year)	Accident, suicide, or homicide
E SI	Cometery or crematory Leo Wash Monoreal Cark	Where did injury occur?
ZIZ	Location Reggi Road Hystiadles Md. Jakal	Injured at home, tarm, industry, public place (where?)
WRIT	1 CONTRACT SOURCES	Means of Injury injured at work?
S	18. Funeral director	by no sime os
PLEASE	Address 134 Carrell St. Light	23. SIGNATURE / Allace 4 / Ook M.A.
PL	18 June 10 1845 Tollows 1000	805 Carroll Hue. Bala signal 6-9-43
	(Date rec'd by registrar)	Takoma Rark 12, Md.

MARGIN RESERVED FOR BINDING

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 06201

### CERTIFICATE OF DEATH

No 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Moulaumen	(For newborminfants give residence of mother)	
War The Made	State Md. County Moule out	
(If outside city or town limits, write RURAL and give nearest town)		V
How long in above place of death?	City or fown	town)
How long in above place of death?	ht oddside rity or town immes, write ROKAD and give nearest	LOWII)
nospital, institution, or street address where death occurred.	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Num	ber
P		
DRYUM JACKSON		
4. Sex 5. Culor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
1. 1 0 0 0 W. V	1	10
Male Colory Mideries	20. DATE OF DEATH June 19.45 at.	6.1
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased t	trom
8.(b) Name of husband or wife	may ? were I	19 45
7. Birth date of	13.7.10	19K.
7. 8irth date of 12/2	and that I last saw h	19.7
deceased (mo., day, yr.)	Immediate cange of death.	DURATION
8. AGE: Years Months Days It less than one day	Cheonic nephroles	DYNA
83.P	min.	
9. 8irthplace	Due to	
(Town, edunty, and state)		
10. Usual occupation.		
	Due to	
11. Industry or business		
12. Hame 13. 8irthplace	Differ conditions Survey Mayo Cardete	Γ.
<b>X</b> 40 0245-200		
	(Include pregnancy within 3 months of death)	
14. Maiden name Terriba to lesson  15. Dirithplace With		
	Major findings of operations.	
≥ 15. Dirthplace	Date of op	
solder Salla Las	Autopsy results	****************
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statis	
Address Rockwill, Md.		
17 Burial Date thereof June 4, 194	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
2		
Cemetery or cremetory musture lawy	Where did injury occur?(City or town) (County) (St	ate)
Location Machine Washington	Injured at home, tarm, Industry, public place (where?)	
00. 10.	Means of Injury Injured at work?	
18. Funeral director of the same	incente of injury	
(a) 4 1 1 0 a 4 4	1.0. 1.0. 2	-
Address 13 +1A. W.	23. SIGNATURE COLLEGE 12 / le Comple	
O. a. Couling the	M. D. or ot	hery /
19. June 19. 4 June na Ochan	The les becelon Ma made long 6	11/45

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2411 N. Charles St., Baltimore 940

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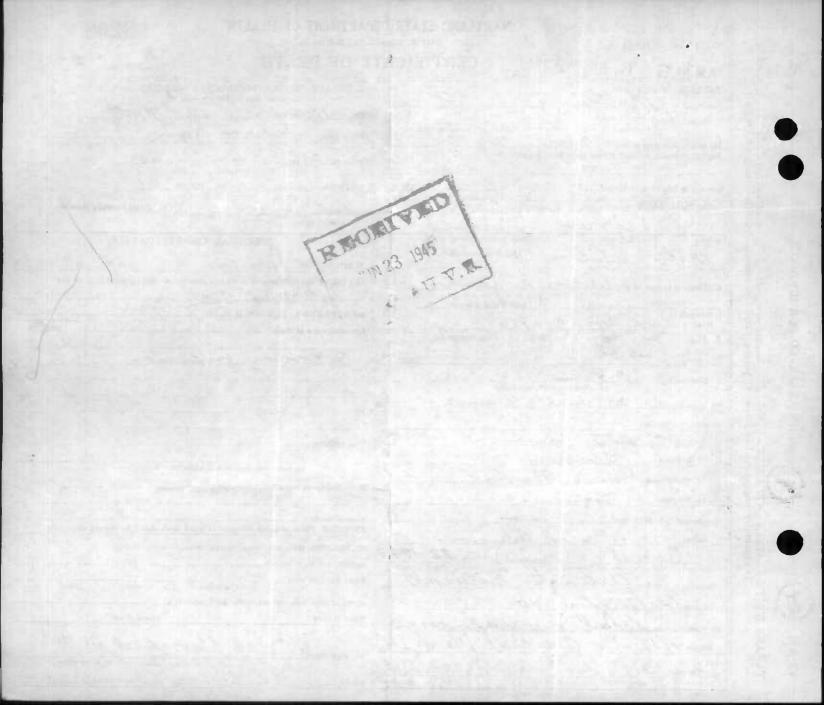
MANOG 96 JUN 29 1945 . CE	RTIFICA
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Evidence for change of age is shown on

### TE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgoning	me 1 1 m.t.
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 216 Ether allen ave
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veieran, name war. World Wan &/
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Colofor race 6.(a) Ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DE DEATH June 20 19 X5 at 7:30 P. M
	1.
6.(b) Name of husband or wife Wilma K Jacobs	21. 1 CERTIFY that death occurred on the dato above stated; that I altended deceased from
7. Birth date of	Mid Sula Case
deceased (mo., day, yr.) 44 19 1886	and that I last saw h
8. AGE: Years Months Days If less than one day	1mmediate cause of death
59 54 2 /hrsmin.	Corman reclusion
9. Birthplace	Due to
10. Usual occupation Madicul Rismit	Due to
11. Industry or business	6
12. Name Letatar Jacoh	Dither conditions
Z 13. Birthplace General	
14. Malden name Jessenie Buch	(Include pregnancy within 3 months of death)  Major findings of operations
15. Birthplace Servany	Date of op.
16. Informant Descar C Shim	Autopsy results.
7.1.1.1.7.0	PHYS1C1AN: Please underline the cause to which death should be charged statistically.
Address 1023 19 St DR. Wilington 12 1945	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (mopth) (day) (year)	
Cemetery or crematory Collington Kalional	Where did injury occur?
Location arlangton Va.	Injured at home, farm, Industry, public place (where?)
Oslo & Funeral Home	Means of Injury lojured at work?
Address 4812 Sa. avc. N.W. Wash. D.C	Frank ! Brownhaut M. J.
On all out ( Offeren hard)	23. SIGNATURE M. D. or other
(Date ree'd by registrar)  Registrar	address esasther has used Date signed 6 - 20 - 44.



PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

## CERTIFICATE OF DEATH

Reg. Dist. No. 216

06203

1. TEACE OF DEATH	(For newborn infants give residence of mother)
County	state maryland county monta
(If outside city or town limits, write RURAL and give nearest town)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Dubotas Hope	Street No(If raral, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
dasix cawara	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored married	20. DATE OF DEATH. 2 19.45 at 4:11 P. N
6.(6) Name of husband or wife Resetta Jenkins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
O. (U) Name of Husbarro of Wiles.	Ded med Cys 100 18
7. Birth date of Sec. / / Sec. / 1804	and that I lest saw h alive on 19.
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	
50 6 27hrsmin.	aute Cardise del Jahm 2 hrs
9. Birthplace Mantogomery Co (Town, coupty, and state)	Due to
(Town, county, and state)	Chronic Myocarditi- unknown
1D. Usual occupation	Que to.
11, Industry or business	
#I Millians Page	
	Other condillons
13. Birthpiace Punce Degage Co	(Includo pregnancy within 8 months of death)
# 14. Malden name A Marie XI Consider	Major findings of operations.
15. Birthplace Montogomeny co	
1 . 4 10 16 1	- Qate of op.
16. Informant Clebetta Lenduns	Autopsy results.
Address Portesville, md	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Martinsburg	Where did Injury occur?
Commencery of Creminatory	
Location Near Dickusson	Injured at home, farm, Industry, public place (where?)
18. Funeral director Clarence HDaris	Means of Injury Injured af work?
Address Poplerville md	Frenk J. Browhart M. U.
Address 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23. SIGNATURE M. D. or other
19 1-2-45 19 NE tobes.	1 2 4 7 7 7 7 7 7
(Date world by worldraw)	Address to the first Man Boto strend (a - 2 0 × 1

JUL 5 1945
BUREAU V.S.

1

TO THE RESIDENCE OF THE PARTY O

And a 12 years and the

# CERTIFICATE OF DEATH

06204

4	
-	1.17
Rog. Dist.	No. 2/2

1. PLACE OF DEATH: M	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	In - I I may to		
(If outside city or town limits, wrip-AtURAL and give nearest town)	State Mary County Marity		
How long in above place of death?	City or town		
Hospital, institution, or street address where dooth occurred:	Street No.		
~ V	(If roral, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
adelia L. Jones	J. (0) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, magned, widowed, or divorced	MEDICAL CERTIFICATION		
I white Widow	20. DATE OF DEATH S 19 19 5 21 6 : 0 0 A.M		
0 0 0 0			
6.(b) Name of husband or wife John R. Jones	21. I CERTIFY that doubt occurred on the dale above stated; that I attended deceased from		
S(c) If alive, give age	Des Shef Edin 10 Case		
7. Birth dale of deceased (ma., day, yr.) Okril 10 1874	2 mg 1 mat/s 12 mg 5 2 m m		
8. AGE: Years   Month   Days   If less than one day	Immediate cause of death		
7/ 2 9nia.	Jones Jones		
	Coronary acclusion diagin		
9. Birthplace Mary Cu M& (Town, county, and state)	Due to.		
10. Usual occupation. House wife			
11. Industry or business	Due to		
ASI CONTRACTOR OF THE PARTY OF			
12. Name	Dither conditions		
13. Brithplace Mr	(Include pregnancy within 8 months of death)		
17. materi datie	Major findings of operations		
15. Birthplace M.	Date of op.		
16. Informati Frances L. Jones	Autopsy results.		
00101	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
0: 1	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
2000-000-000	Where did injury occur?		
Cemetery or crematory			
Location - Claude Wille	Injured al home, farm, Industry, public place (where?)		
18. Funeral director Wm. B. Welton	Means of Injury Injured at work?		
b ill mel	22 SIGNATURE & Trans 6 J. Broschart M. J.		
Address Frank Welle, Ma.	23. SIGHATURE Jalyh J. Sworthart M. U.		
19. June 19 19 45 Mrs. C.C. Helton	M. D. or other		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING





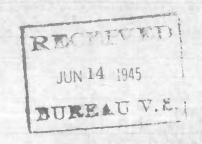
2411 N. Charles St., Baltimore 157-9/

06205

### CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County Monly organic	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	Slate		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town		
Hospital, instillution or street address where death occurred:	7309 2: a des leve.		
Luburban Hospilal	Street No		
How long to hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex / 5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male, white newbarn			
Mac was med medical	20. DATE OF DEATH		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.) flme 2, 1945	Immediate cause of death The Show hale DURATION		
8. AGE: Years Months Days If less than ooe day	(/ ()		
9. Birthplace Bethesda Md (Town, county, and state)	Due to		
10. Usual occupation	Due to.		
11. Industry or business			
E 12. Name	Dther conditions		
12. Name Frank Walter Kennedy  13. Birthplace Boston mass.			
	(Include pregnancy within 3 months of death)		
# 14. Malden name Magassh Mary Coss	Major findings of operations.		
14. Malden name Margaret Mary Ross.			
2 15. Birthplace Doctors Mais	Date of op.		
16. Informant	Autopsy results		
10. HISTINGAL.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address			
17 Laboratory Date thereof 6/5-/45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Borial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
	Where did labury occur?		
Cemetery or crematory	Where did injury occur?		
to the second se	Injured at home, farm, industry, public place (where?)		
Location			
18. Funeral director.			
101 1 KII/V 81 83 24/4/	A PONOVAN		
Address	& & ( mm hit		
1, 11 = 1 = 0 D	23. SIGNATURE M. D. or other		
19. 6 / 1/ / 5 19 / 7 E Colore (Dato rec'd by registrar) Register	Address Foll Gust St Date signed 6/6/85		



MALES STORY SAYS STORY OF

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

) ol	- 4	
		1213
	Reg. Dist. No.	V

1. PLACE OF DEATH:  County Mont 4 comes  City or town. Takoma Takk  City or town. Takoma Takin  City or town. Taki	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State
4. See 5. Color Frace 8. (a) Single, married, widowed, or divorced  14 le Ahite Single	MEDICAL CERTIFICATION 7 337 20. DATE OF DEATH JUNE 29 19 5 21 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  June 20 19 45 to June 29 19  and that I last saw humalivo oo June 29 19 45  Impediate cause of death
8. AGE: Years Months Days It less than one day  72 4 6 hrs. min.  8. BirthplaceZashinston, D.C.  (Town, country, and state)  10. Usual occupationRetired Contractor.	Brouchopneumoma lerminal sussuppurative Broucheclasis Chronic of Descending
11. Industry or business    12. Name	Bther conditions of the contract of the conditions of the conditions of the conditions of the contract of the
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory Rock Creek Cem. WashD.C.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
18. Funeral director  18. Funeral director  19. June 30  19. Location  Washington-D.C.  18. Funeral director  Sal Newson  N.W.  19. Location  Registrar  Registrar	Injured at home, tarm, industry, public place (where?)  Meghs of injury  Injured at work?  25. SIGNATURE  Address  Addre

REGIGI'

JUL 5 1945

BUREAU V.S.

2411 N. Charles St., Baltimore (3.2)

### CERTIFICATE OF DEATH

Reg. Diat. No....

#62117

1. PLACE OF DEATH:  County MONTGOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town BETHESTA	State MARYLAND COUNTY MONTGOMERY		
City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  YEARS	City or town		
How long in above place of death?			
	Street No. 4517 - ERST - WEST HIGHWAY (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) 11 veteran, name war		
3. (a) FULL NAME			
KEV. JOSEPH A. WI-	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE SINGLE	20. DATE DF DEATH. June 7 19 45, 21 3 P. M		
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the vate above stated; that I attended deceased from		
	may 27 th 19 45, 10 Jense 7 19 45		
7. Birth date of 1 00 11 8 7 9	and that I last saw h. I allve on may 29 1845		
deceased (mo., day, yr.) HPRIL H 1879	Immediate cause of death DURATION		
8. AGE: Years   Months   Days   tf less than one day	Regresatory failure		
8. Birthplace (Town, county, and state)	Due to. Comment		
10. Usual occupation CATHONIC TRIEST			
11. Industry or business	Due to.		
al Hildright I			
	Dther conditions		
I 13. Birthplace	(Include pregnancy within 8 months of death)		
14. Malden name NATILDE SNEERINGER  15. Birthplace PENN	Major findings of operations		
E 15. Birthplace	Date of op.		
16. Informant CORINNE WITTLE	Aulonsy results		
Drain	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: 11 death was due to external causes, till in the following;		
(Burial, cremation, or removal Which?)  Bate thereol (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory St Joseph's Countery	Where did injury occur?		
Raman collisos Por			
Location	Injured at home, 1arm, industry, public place (where?)		
18. Funeral director Mancis Collins	Means of Injury tojured at work?		
Address 382/1-14 th. St. pw. Wosh. Delo.	23. SIGNATURE Trank Jaggero M. D.		
19. 6/7 18.45 mg E Joles (Date vcc d'by registrar)	Address 80/6 Deorgeton Bd. Bate signed 6/7/45		

JUN 12 1945 BUREAU V. F.

BRUNLARD

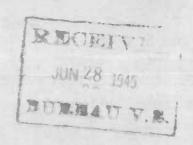
2411 N. Charles St., Baltimore 47-0

06208

CERTIFICAT	TE OF DEATH Reg. Diat. No. 216		
City or town.  Bethesda.  City or town.  Bethesda.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Lospital, instilution, or street address where death occurred:  U. S. Naval Hospital, Bethesda, Maryland  How long in hospital or instilution?  2 months 29 days.  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
MILLER, William Robert, CCS	V-6 USNR  3. (b) Social Security Number		
4. Sex Male S. Color or race G.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATH 2.75 at 2:75		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the Gle above stated; that I attended deceased from  2 4 massless 19 4 5  and that I last saw h Mailye on 2 2 19 4 5  Immediate cause of death DURATION		
8. AGE: Years   Months   Days   It less than one day   18	Carcinoma Lung Inclefinite		
9. Birthplace	Due to		
16. Informant Wife: Mrs. Sara Miller  Address Mineral Point, Pennsylvania  17. Removal (Burial, cremation, or removal, Which?)  Date thereof. June 23. 1915 (month) (day) (year)	Autopsy results.  PHYSICIAN: Please underlyie the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory  Location Johnstown, Pennsylvania  18. Funeral director W.A.M. CHambers C. Address 11,000 Chapin St., N.W., Washington, D.C.  19. 22 June 19. 45 Mary Charlotte Smith (Date rec'd by registrar)	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE  III. D. or other		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The correct age is especially important. Physicians: please write the eauses of death clearly and legibly. AARGIN RESERVED FOR BINDING

VS A15



MARGIN RESERVED FOR BINDING



### MARYLAND STATE DEPARTMENT OF HEALTH

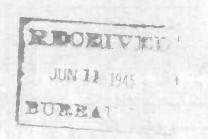
# 2411 N. Charles St., Baltimore 93

06209

### CERTIFICATE OF DEATH

Reg. Diat. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MONTGOMERY	
City or lown SILVE R SPRING (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County MONTGOMERY
	City or town SILVER SPRING.  (If outside city or town limits, write RURAL and give searest town)
How long in above place of dealh?	(If outside city or town timits, write RURAL and give nearest town)
912 SILVER SPRING AVE	Street No. 912 - SILVER SORING AVE
	2.(a) If veteran, name war.
How long in hospital or Institution?	
3. (a) FULL NAME	3. (b) Social Security Number
James J. Whilekar	key NoNE.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE	0 2 000
	20, DATE DE DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of	and that I Jast saw halive on
deceased (mo., day, yr.) UNKNOWN.	Immediate cause of death
8. AGE: Years Months Days If less than one day	
68 — —hrsmlo.	acite myseraelitii 4 hrs.
a state TRELAND	Bug to
9. Birthplace IRELAND (Town, county, and state)	Duc (
10. Usual occupation. Cook.	
11. Industry or business	Due 10
	Other conditions
	(Include pregnancy within 3 months of death)
量 14. Malden came. Unknown.	
15. Birthplace ONKNOWN.	Major findings of operations.
	Date of op.
16. Informant DoMALD SHANAON.	Autopsy results
Address 912 SILVER SPRING HOLL SILVER SPRING MO	
	22. VIOLENCE: If death was due to external causes, fill to the following:
17. Burlal, cremation, or removal. Which?)  [Burlal, cremation, or removal. Which?)  [mouth]  [mouth]  [mouth]  [mouth]  [mouth]	Accident, suicide, or homicide
Cemetery or exemples ST JOHNS.	Where did lojury occur?
Location FOREST GLEN - MONTG CO. MO	Injured at home, farm, industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director Marie to Pumphing	
Address 8434 GA. AUF SILVER SPRING - MO	Frank & Broschart M. U.
	23. SIGNATURE. M. D. or other
19 June 4 19 4 T Josphine m Schaeffe	and the state of t
Date rec'd by registrar)	Address Just Mark Date signed Ca. 3 KS



2411 N. Charles St., Baltimore 93-d



### CERTIFICATE OF DEATH

(16211)
Reg. Dist. No. 222

~		
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	County Mout gowers	(For newborn infants give residence of mother)  State
	Cily or town. (If outside city or town limits, write RUAAL and give nearest town)	01 1. —
	How long in above place of death?	City or town
	Hospital, Institution, or street address where death occurred:	Street No. 1151 - 45-46 Pl, S-6
	How long in hospital or incitation? I was.	(If rural, give LUCATION)
	3.(a) FULL NAME	2.(a) If veteran, name war
	Mrs. Edith Hicholas	3. (b) Social Security Number
	4. Sex 5. Lolur or rule U.(u) single, married, widowed, or divorces	MEDICAL CERTIFICATION /
	female white we down	20. BATE OF BEATH June 30 19 45-21 34. M
	6. (b) Name of husband and Wm. anes Michaeles	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
		6/16 1945 106/30 1945
	7. Birth date of	and that I last saw h. 22 alive on 6/29
	deccased (mo., day, yr.)  8. AGE: tears   Months   Days   If less than one day	Immediate cause of jegis DURATION
	70 11 23hrsmin.	Pulmonery Congution 2 / de
	700.	P. I I T. I T.
	9. Birthplace	Due to delatory Lacture 3 day
	10. Usual occupation.	Due to Cardis - Valcular Several Gr
	11. Industry or business	disere
	12. Hame Durcher	Citier conditions Cerbers - Vascular Lerence
	\$ 13. Birthplace England	C. all resulting paralysis (Include pregnancy with a 3 month of death)
	14. Malden name. A Jaylay	
	15. Birthplace	Major findings of operations.  Date of op.
	16, Informant Rend Wallington Dan - (tospite)	Autopsy results.
	Address Lakons, Park, W.	PHYSICIAN: Fleare underline the cause to which death should be charged statistically.
	120mml 6/30/45	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory	Where did injury occur?
	tocation washing to by	Injured at home, farm, Industry, public place (where?)
	111 atteret 14 som 6	Means of injury injured at work?
	13. Funeral director of 300 N'h. Www.	- 1026
	Address / 300 VV I VV VC VC	20, SIGNATURE S. G. KOSS MO
	19 Jun 30 : 45 J.W. Wardland	Mach San + Nospital & M. D. or other
-	(Date rec'd by registrar) Registrar	Todoms Tark MD Oate signed
		4

PUREAU V.S.

# CERTIFICATE OF DEATH

06211 Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery	State Mary land county Montgomery		
City or town		8 04	
How long in above place of death?	City or town	••	
Hospital, tostilution, or street address where death occurred:	Sireet No		
Montgomery County General Mosp	(If rural, give LOCATION)		
How long in hospital or institution? 10 h 9 5	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mr. Oscar n.	chols		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white Widowed.	20. DATE DE DEATH UUDC 23 19.45 at 7:50	A:. M	
B.(b) Name of husband or wife-	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from		
	March 1944, to June 22 194.	5	
7. Birth date of years	and that I last saw h 1 22 alive on U 47. 2 22, 1945		
deceased (mo., day, yr.) March 4, 181	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Gastric Hemorrhoge 10hrs	S.	
74 3 19hrs. min.	,		
9. Birtholace norbeck, and.	Due to		
(Town, county, and state)	Caycinoma Stomach 15 mm	ths.	
1D. Usual occupation Letting of arms	Due to		
11. Industry or business			
# 12. Name Calsarles Michaels	Diher conditions		
12. Name Colvaring Michaels 13. Birthplace Month one or			
	(Include pregnancy within 8 months of death)		
14. Malden name landaments.  15. Birthplace landaments.	Major findings of operations.		
₹ 15. Birthplace Cultural	Date of op.		
16. Informant HOSDITAL NECORDS	Autopsy results		
Address Olney Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	_	
	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, eremation, or removal) Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	******	
Cemetery or cremetory Classe	Where did injury occur?		
Brook The	Injured at home, farm, industry, public place (where?)		
Location Loc	Means of injury Injured at work?		
1B. Funeral director			
Address of tonesfille and	Chash Jumbleson		
653 West An L le	23. SIGNATURE M. D. SESTION		
19. (Date ree'd by registrar)  Registrar	Address Stilly Somethe Date signed 6 237	46	



PLEASE WRITE PLAINLY, is especially

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bic

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1041	A THE STATE OF THE
-4-	0.11
Per Dist No.	214

### CERTIFICATE OF DEATH

	gomery	*************	***************************************	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Silv	er Sprin	5	URAL and give nearest town)	State D.a. C.a. Gounty	
How long In above place Hospital Institutor, in	of death? Eetreet address where o	leath occurred	•	City or town Washington (If onteldecity or town limits, write RURAL Street No. 1501 - 16th. St. N.	and give nearest town)
	r Institution?			(If rural, give LOCATION) 2.(a) If veteran, name war. NONE	/
3. (a) FULL NAM			***************************************		
. ,	ne M. O'	Conno	r		al Security Number 6-4201
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICA	TION
female	white	sin	gle	20, DATE OF DEATH Of 20	10115 112450
6.(6) Name of husband	or wifeX			21. I CERTIFY that death occurred on the date above stated; that I	attended deceased from
	************************	6.(0	r) If alive, give ageyea	rs les this alex	19
7. Birth date of deceased (mo., day.)	March	26th.	1924	and that I last saw halive on	
8. AGE: Years		Days 24	If less than one dayhrsml	Immediate cause of death	DURATION
9. Birthplace	ilwaukee	W1S	Atate)	. Due to Themis myreard tes	
10. Usual occupation.	Cler			Due to tohrome parenchymil	
FI	tthew J.		nnor	Other conditions	
	ilwaukee			(Include pregnancy within 8 months of death	)
14. Maiden name.			onnor	Major findings al operations	
2 15. Birthplace	Stoughton	n, Wi	S.	Date	
16. Informant	. Floren	ce 01	Connor	Autopsy results. Charge	
Address2756	N.18th.	St. N	ilwaukee 6. W	PHYSICIAN: Flease underline the cause to which death should	
17. remov	el	Date there	(month) (day) (year)	4 22. VIOLENCE: If death was due to external causes, fill in the fo	71
Cemetery or crematory Mount Carmel		Where did injury occur?	nty) (State)		
			Ill.		
	~	C		at work?	
					2711
Address 8434 Ga. Ave. Silver Spring. Md				23. SIGNATURE THE DESCRIPTION OF THE PROPERTY	a Valholeges
19. June >	) 19 4 T	Joseph	une in debastle	Address Sand Spin med	Date signed 424 x5



2411 N. Charles St., Baltimore



### CERTIFICATE OF DEATH

. A				
			1	
1		12.	5	
Par Dist	Nia	~//	X	

06213

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Montgomery		0411
City or town	State Mary land County Man Jaum	/
How long in above place of death?	City or fown. (If outside city or town limits, write RURAL and give nearest 1	town)
Hospital, Institution, or street address where death occurred:	Street No.	
montgomery Collen Hosp	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	ber
Mrs. Ellen Peters.		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH 0277 @ 22 1945 - al 4 Pmm	
6.(b) Name of husband or wife John to Peters -	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	19.45, 10 Jame 22	19¥\$
7. Birth date of	and that I last saw h	19×\
deceased (mo., day, yr.) Up7, 1 10, 18 79	Immediate cause of death.	DURATION
8. AGE: Years Months Days if less than one day		
66 2 12hrsmin.	Cerebral hummhage, 8	day
9. Birthplace (Town, county, and state)	Due fo	/
(Town, county, and state)	hyperterting :	2 Trans
10. Usual occupation	Due fo.	
11. Industry or business	900 (0	
	***************************************	
12. Name. 12. Name. 17. Na	Dither conditions	98999999999999
	(Inclode pregnancy within 3 months of death)	
14. Malden name & 1/e n 6/h044 Ke  15. Birthplace / 4e/and.	Major findings of operations	
15. Birthplace / re/amd.	Date of op.	
16. Informant HOSPITAL PECONDS.	Autopsy results	
61 5.1	PHYSICIAN: Please underline the cause to which death should be charged statis	tically.
Address () ney, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Borial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	088008000000000000000000000000000000000
	Where did injury occur?	***************************************
Cemetery or crematory Mac		
Location 4300 Old Freedences Red	injured af home, farm, industry, public place (where?)	
10 tomber & Factor	Meane of injury Injured at work?	
18. Funeral director Company C		
Address fachurburg seed	23. SIGNATURE IJ. Snorthand M. U.	***************************************
Janes 23 , 45 (ilmeda) of Conte	M. D. or oth	
(Date rec'd by registrar)	Address Mushen burg mel Date signed (	75.X1,



PLEASE WRITE PLAINLY,

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bra

# CERTIFICATE OF DEATH

06214

1. PLACE OF DEATH: 506 Carroll Av. T MONTGOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
l'akoma Park Md -	State County		
City or town. (If outside city or town limits, write RURAL and give nearest town)	Washington D. C.		
How long in above place of death?	City or town Washington D. C.  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 23- T. St. N. W.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
Joseph T. K. P.	lant 3. (b) Social Security Number		
4. Sez 5. Color or raca 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M Widowed			
	20. DATE OF DEATH June 27- 19 45 at 12:25 m		
6.(b) Name of husband or wife Rosa E.	21. LCERTIFY that death occurred on the date above stated; that I stiended deceased from		
6.(b) Name of husband or wife	San. 1- 1840, 10 Xune 26 1845		
	11/1 . 0/ / / / / / / / / / / / / / / / / /		
7. Birth date of	and that I last saw h. M. alive on Jumel 46		
deceased (mo., day, yr.) July 1873	Immediate cases of depth DURATION		
8. AGE: Years Months Days If less than one day	Extraustion 48 480		
71			
Md	Pakehland. Namori Daga 3711		
8. Birthplace	Due to Committee of The Superior Committee o		
10. Usual occupation Retired	Que to ardio renal Easkular years		
f1, Industry or business	Liseabe		
12. Name 12.	Diher conditions		
	(Include pregnancy within 3 months of death)		
# 14. Malden name days a Marione Plant			
14. Stalden name. Quina Marion Plant.	Major findings of operations.		
⅓ 15. Birthglace	Date of op.		
Donald B. Plant	Autopsy results		
1002-15th St. S. E. (Son	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address			
10 /Carrages (0/27/45	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or removal. Which?)  Date thereof (month) (say) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did lojury occur?		
Lecation	folured at home, farm, industry, public place (where?)		
the 1 N Naine Q2	Means of Injury Injured at work?		
18. Funeral director 1. Control of The Control of T	0 1 +5-		
Address 1901-14 at 1000	23. SIGNATURE The Commer M. A.		
1 10/27 uses (Imandaya) reason	M. D. or other		
(Date/rec'd by registrar) Registyar	Address 13 Sallaum D Date signed 6/21/45		
	Defatitivitie met		

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2411 N. Charles St., Baltimore 924

M	1	di	
30			
F 8 3			_

06215

Browchart M. D. or other

Date signed 6- 26- 41

# CERTIFICATE OF DEATH

s. Birthplace			Rog. D.	146. 140
4. Set Female Single Si	County.  Near Germantown, (Ru)  (If outside city or town limits, write RURAL and How long in above place of death?	givo nearest town)  State  City or town  Street No  2.(a) If vetera	Germantown, Rurs  (If outside city or town limits, write RURAL  (If rural, give LOCATION)	Montg
Female White Single  8.(6) Name of husband or wife.  8.(6) Name of husband or wife.  9. So that alive, give age years deceased (mo., day, yr.) May loth 1848  8. AGE: Years Months Days It less than one day 1848  8. AGE: Years Months Days It less than one day 1848  9. Birthplace (form, country, and state)  10. Usual occupation Retifical, Home Work 11. Industry or business  11. Industry or business  12. It was Phoreton Poolo 13. Birthplace Mag. (Include pregnancy within 8 months of death)  13. Birthplace Mrs Robert Hickerson 15. Industry or business Mag. (Include pregnancy within 8 months of death)  14. Malden name Rachel Owengs (Include pregnancy within 8 months of death)  15. Birthplace Germantown Mag. Autopry results Physician, or removal. Which; Industry or business (Include pregnancy within 8 months of death)  16. Informati Germantown Mag. Autopry results Physician, or removal. Which; Industry occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)	Olara Dernarda	r Loote		
8.(b) Name of husband or wife.  7. Sirin date of decased (mo. day, yr.)  8. AGE: Vears Months Days It less than one day 1848  8. AGE: Vears Months Days It less than one day 1848  97 1 16 hrs. min.  9. Birthplace (Town. county, and state)  10. Usual occupation.  11. Industry or business It 11. Industry or business It 12. Name Mades Address Mad.  14. Maiden name.  15. Birthplace Mrs. Robert Hickerson Mad.  16. Informant Mrs. Robert Hickerson Mad.  17. Burisly Town Bate thereot 6/28/45 (Burial, cremation, or removal. Which!)  18. Cemetery or crematory.  18. Cemetery or crematory.  19. State)  21. 1 CERTIFY that death occurred on the date above stated: that I attended deceased from 195% Industry 1				
S. Birthplace  (Town. county, and state)  10. Usual occupation  Retired, Home Work  11. Industry or business  12. Name  13. Birthplace  Md,  14. Malden nama  Rachel Owings  15. Birthplace  Mrs Robert Hickerson  Address  16. Informant  Germantown Md  Address  17. Burial, cremation, or removal, Which?)  Cemetery or crematory  St. Peters  County and state)  Due to  County Mork  Due to  County More conditions  Unclude pregnancy within 8 months of death)  Major findings of operations.  Major findings of operations.  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death abould be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide  Date of  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)	7. Sirth date of deceased (mo., day, yr.)  May 10th	ve ageyears  1848  and that I last Immediate cau	saw harmalive on 2	2 19 % 1
11. Industry or business    12. Name	9. Birthplace	Due to.	te myveuelitis-	12/2
13. Birthplace   Rachel Owings   (Include pregnancy within 8 months of death)	11. Industry or business	hy	sutution	
15. Birthplace   Mrs Robert Hickerson	🖃 13. Birthplace		(Include pregnancy within 8 months of death)	
Burisly Town [Burisly Town [Burisly Town [Comparison of the content of the conten	15. Birthplace	Major namaga	tsDate	ot op
Cemetery or crematory	Address		E: It death was due to external causes, fill in the following	liowing;
	Cemetery or crematory St Peters Come Libertytown, M	Where did injured at home	e, farm, Industry, public place (where?)	••••••••••••••••••

Address.

WRITE PLAINLY, WINT ONFADING INK. Supply every item of information carefully. The carrect age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

19. Funeral director

(Date rec'd by registrar)

Address

Gaithersburg

Md

18 45 ahuda & Cao fra Registrar

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore (34)



# CERTIFICATE OF DEATH

06216

1. PLACE OF DEATH:  County MONIGOMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Malagna Powle Md	State D.C. County
City or town	City or town Washington (If outside city or town limits, write RURAL and give nearest town)  7111-8th St N.W.
3H	Street No
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Nina N. Reynolds	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Tidous	20. DATE DE DEATH June 20th 19.45 at 12: Ko HM
6,(b) Name of husband or wife	21. I CERTIFY that death oppurred on the date shove stated; that I atlended deceased from
	March 1045 10 Orme 19 1045
7. Birth date of	and that t last saw h. A. alive on
deceased (mo., day, yr.) Sept 17, 1872	Immediate cause of death
8. AGE: Years   Months   Days   If tess than one day	Cerebral thrombons 6 days
9. BirthplaceTroupburg, N. Y. (Town, county, and state)	Bue to arteriosclerous 20 yrs.
10. Usual occupation Housewife	
10. Usual uccupentul	Due to
11. Industry or business	
12. Name Alexander Prutsman  13. Sirthplace N.Y.	Biher conditions Contamination 20 yes.
	(Include pregnancy within 8 months of death)
14. Maiden name Eliz Wilcox  15. Sirthpiace N.Y.	Major findings of operations.
≥ 15. 8irthplace IN • I •	- Date of op
16. Intermant Home Records	Antopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(4) 0 6/20/11-	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Dale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
the second of th	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director The S Th. Thueles Co	Means of injury Injured at work?
Address 2901-14-sty, Wood D.	Charl J. Carrolom. D.
19. 6/20 1945 Julium Nada Registrar)	23. SIGNALURE M. D. or other M. D. or other



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VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)



# CERTIFICATE OF DEATH

06217 Reg. Dist. No....

1. PLACE OF DEATH: M	2. USUAL RESIDENCE (HOME) OF DECEASED: (For cowborn Infants give residence of mother)
County	State Maryland county Montgomens.
City or fown	
How long in above place of death? 21 years.	(If orteids thy or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. O Cucola Case.
301 Lineala ar.	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If relevan, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or racp   B.(a) Siegle, married, widowed, or silvorced	1AN
	MEDICAL CERTIFICATION
MI WIDOWED.	20, DATE OF DEATH JUNE & 1975 at JP. M
S.(b) Name of hosband or wife	21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from
S.(c) If alire, give agoyears	1940 750 18 19 6/19/1948
7. Birth date of 1/21/21/18574	and that I fast saw h
deceased (mo., day, yr.) / O / O / O / O / O / O / O / O / O /	Immediate cause of death fulue Sufully a few w
90 6 27 hrs	a family the state of the state
1/2/2	
9. Birthplace	Buo 10
10. Beeal occupation FARMER - GREENHOUSE MAN	
11, Industry or business / FTIRED -	040 10
	Other conditions
12. Hame HENRY TIGGLEMAN.	
	(include pregnancy within 3 months of death)
14. Maiden name SUSAN ?.	Major findings of operations.
	Bate of op.
18. Informant DR. R. L. RUNK	Aslopsy results
Address 301 LINCOLN AVE.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date thereof June 25, 1945.  (Borlal, cremation, or removal, Which?)  (Borlal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cometery or crematory TED VASH // EMOKIAL CEM	Where did injury occur? (City or town) (County) (State)
Location NEES Nd. HYATTSVILLE, Md. PREED. Co.	injured at home, farm, industry, public place (where?)
18. Funeral director J. ARTHUR WALTERS	Means of injury injured at work?
Address 254 GAREOLL ST.N. U.S. TAKUMA PARK, D.C.	total Hobban And
A LANGE THE TOTAL	23. SIGNATURE
Ohte rec'd by registrar)  Degistrar	Address 500 budeword 5.11 45
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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

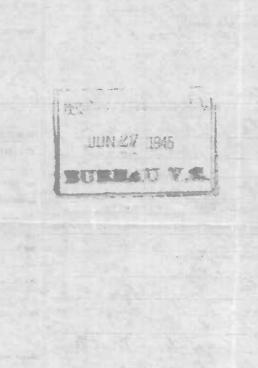
2411 N. Charles St., Baltimore (1200)

06218

# CERTIFICATE OF DEATH

223-

1. PLACE OF DEATH: Mary 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbore infants give residence of mother)
County	State Maryland county June Forger
(If outside city or town limits, write RURAL and give nearest town)	- A
How long in above place of death?	(If ootside city or towo limits, write RURAL and give nearest town)
Hospital lostilution, a sireet address where death occurred.	Street No. 6806 new Lompshire Que.
ovant dan stosp.	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, oame war
3. (a) FULL NAME	3. (b) Social Security Number
Frederich Charles	Tupertis
5. Color outlice Stra Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 35
Male While manyol	20. DATE OF DEATH 6/26 1845 of 6 A M
Evely Marie Karpetta	21. I CERTIFY that death occurred on the date above stated; that I strended decoased from
6.(6) Name of husband or wife	6/13 1945,10 6/26/1945
7. Birth date of O	and that I last saw halive oo
deceased (mo., day, yr.) OCT / 4, / 90 8	Immediate cause of death DURATION
8. AGE: Years Mosths Days If less than one day	for the state of t
36 8 17nin.	alchalini Collis. 4/23/15
9. Birthplace Wark, W.C.	Due 10
(Town, county, and atate)	
10. Usual occupation.	Bue to
11. Industry or business with Engage.	
12. Hame Fredrich Vupules.	Other conditions
Z 13. Birthplace Nach, W.C.	
14. Maiden name Guth Elizabeth Mattern	(Include pregnancy within 3 mooths of death)
5 7,00	Major findings of operations.
	Bate of op.
16. Informant Wart Ham Records	Autopsy resulta
Address	22, VIOLENCE: Vf death was due to external causes, fill in the following:
17 Removal Date thereof June 26-45	
(Rurial, cremation, or removal, Which?) (month) (day) (year)	
Cemelery or crematory Company of the	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director S. H. Hines Con.	Means of Injury Injured at work?
1001-1117 1X WI	7/ 15
Address 7701-19 sa M 11-11-	23. SIGNATURY Forward & more hard
19 Jun 26 1945 Farbudley	3. C. C. Tuba P. Land C. Jacks
(Date rec'd by registrar) Registrar	Address 7 astare lac. / warmalde 9 date signed / 10/9 3



2411 N. Charles St., Baltimore 9200

# CEPTIFICATE OF DEATH

		112
Reg.	Diat.	No. 4 3

CERTIFICAL	E OF DEATH Reg. Dist. No. 44.3
1. PLACE OF DEATH: County Oulg omany	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants giyl residence of mother)
City or town (If nutskie city of town limits, white RURAL and give nearest town)  How long in above place of death?	State Mary Fand county Moulg omery City or town Sochaelle
Hospital, Institution, or street address where that hoccurred:  HOS - Oast Moulty Caro.	(If outside city or town limits, write RURAL and give nearest town)  Street No. + D 8 - D JULY COLORD
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Mary J. Re	3. (b) Social Security Number
4. Jex   5. Color or race   6.(a) Single barried, widowild, or divorced   August	MEDICAL CERTIFICATION  2D. DATE OF DEATH
8 (9) Name of husband or wife Ducks System 15 8 years	21. I CERTIFY that death ocurred on the date above stated; that I allended deceased Irom
7. Birth date of deceased (mo., day, yr.) June 21-1883	and that I last saw here alive on the same of death of the same
8. AGE: Years Months Bays If less than one day	voloular heart clusies
9. Birthplace Woods lock - Lugura (Jown, county, and state)	Due to
10. Usual occupation	Due to
12. Name Demuel Shepe	Dther conditions . Suggestusticis
13. Birthplace Wools to ck - Virginia  14. Maiden same Unibusure  15. Birthplace Unibusure	(Include pregnancy within 3 months of death)  Major findings of operations.
15. Birthplace Luckuswe	Date of op.
Address 408 - E - Wanty au Rockveller Med	Antopsy results
17. Burnal Bate thereof (month) (dex) (year)	22. VIOLENCE: II death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory Dockwelle Anion Jun.	Where did injury occur?
Location A Control of the Control of	Injured al home, larm, industry, public place (where?)  Means of injury  Injured at work?
Address Bockvelle Mauland	6-11-7-20
10 6/9/45- 10 Josephine D. Haallon	23. SIGNATURE M. D. or other M. D. or other
(Vate roe'd by registrar) Registrar	AddressDate signed

PLEASE WRITE



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VS A15

C. A. 3

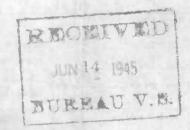
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

Reg. Dist. No. 716

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Downly of mildely	m 1 1 77 1
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Marylaged Country Doulgomers
	City or town (if outside city or town limits, write BURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. 4501 Feland Street
The state of the s	(If rural, give LOCATION)
How long In hospital or institution? 3/2 Thauts	2.(a) If veteran, name war
Stant Walter Roseve	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH June 11 19 45, at 17 PM
6.(b) Name of husband or wife Settlewide Nyatt	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	2/4/45 19 10 6/11 19.45 and that I last saw h 4600 alive on 6/11/45 19
deceased (mo., day, yr.) June 15, 1886	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	The second of th
58 11 27hrsmin.	
0 10	and a verning
9. Birthplace (Town, goody, and state)	Due to.
0/0.6	thermbraes
1D. Usuat occupation	Due to
11. Industry or business War West.	
12. Name	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
王 14. Maideo name	Major findings of operations.
15. Birthplace	Date of op.
Les .	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4-301 Deland Dr.	
11 Shipment Date thereof 6/13/45	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, er mation, or removal. Which?) (day) (year)	Accident, enicide, or homicide
Cemetery or crematory Localisa Santa	Where did injury occur?
Qued -	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director lem reulen Tumphre	Means of Injury Injured at work?
ness role Que Billeda	1 Of respecte
Address 7557 Wis. Www. Duriesta	23. SIGNATURE
19 6/12 1945 9m Eles Me	460/ Teland St pole closed 6/11/45
19	Address Date signed Date signed



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

06221 Reg. Dist. No. 218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Month	State Maryland County Months.
(If outside city or town limits, write RURAL and give nearest town)	I D A LA DEPT A.
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred.	Street No.
Boyds, Mr. R. F. D.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mary E. Steps	iens
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divo; ed	MEDICAL CERTIFICATION
Female white wedowely	20. DATE OF DEATH Que 22 19 45 at 1P M
8.(b) Name of husband or wife. Lance 4.	21.1 CERTIFY that doesno occurred on the date above stated: that attended deceased from
	9-1-12 92
7. Birth date of deceased (mo., day, yr.) Ques 1, -1877 1876	and that I last saw held alive on 19/5
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
69hrsmin.	Quilmonam Tuberculous 9-3-42
9. Birthplace Plans (Bown, county, and state)	Due to
51.0	
1D. Usual occupation	Due to
11. Industry or business	
12. Name James Fard	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ellea Frances Carter.  15. Birthplace	
744	Major findings of operations
1 15. Biringiace	Date of op
16. Informant Daniel 4 Total	Autopsy resolts
Address Brocher, Bounds, Mrd. R.J. S. #	
17 Burise Date thereof 6/25/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removai, Which?) (month) (muy) (year)	Accident, suicide, or homicide
Cemetery or crematory. Deastewelle Cemetery	Where did injury occur?
Location Beallewille not.	Injured at home, farm, Industry, public place (where?)
1 sun Ro. la Ct. Oliv	Means of Injury Injured at work?
18. Funeral director	201 William Kollelle Com 10
Address 1551 Wes. Call Sellipper	23. SIGNATURE JUNION JUNION, SIJO
25 145 about Al mo	De Thereford Ma M. D. or other
(Date rec'd by registrar)	Address Date signed 3/95



MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 234)

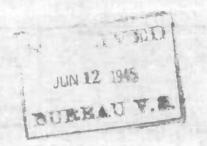
06222

# CERTIFICATE OF DEATH

218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Will And two Lot Language State Control and State Con	State Maky Lang County Marshy and 2
(If outside city or town limits, write RURAL and give nearest town)	man Meladalita - Tank Parker 1.1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, giva LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
S. (d) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
9. Color of face 9 (a) Single, marries, wisowed, or slyproes	MEDICAL CERTIFICATION
Jenol Cal Widowy	20. DATE OF DEATH. 6/9 19.45. at /- 10 M
6,(b) Namo of husband or wild hilly the	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from
	Janu & 19 45, 10 Januar & 19 45
7. Birth date of deceased (mo., day, yr.) Fef 10 1874	and that I last saw h
8. A.G.E.: Years   Months   Days   tt less than one day	Immediate cause of death
69 3 30min.	Carles La Thirting
9. Birthplace Montgomed 0 8 7ml	Due to
(Town, county, and state)	
10. Usual occupation	Due to
11. industry or business	
12. Name Samuel Thomas of the samuel and the samuel	Dthor conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden namo Lashul Cum Mulanel	Major findings of operations.
14. Maiden namo Rashul Cara Mutahal  15. Birthplace 211 only one Co	Date of on.
16. Informan Walliam Stations	Autorsy results.
Address Farthers burg and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B . 1 12 1941	22. VIOLENCE: it death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?)  Dato thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or trematory was truly 1 15 1/2 7 17 19	Where did injury occur?
Location Monty of find County and	injured at home, farm, industry, public place (where?)
18. Funeral director Roy W Basell	Means of trijury trijured at work?
Address afformally 2004	am thiste in
Derect 11 1045 abrusa G. Cooks	23. SIGNATURE M. D'or other
19 March 19 45 What G. Cookle Registrar	Address Date signed Date signed

PRIMITED THAT THE OFFICE OF STREET



2411 N. Charles St., Baltimore (107)

# CERTIFICATE OF DEATH

\$223 Reg. Diat. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagts give residence of mother)
County Mandament	State Maryland County Monte
(If outside city or town limits, write RURAL and give nearest town)	Assulan model
How long in above place of dealh?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	Street No.
Zuman Woodin	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Gerhery T. Stobes	3. (b) Social Security Number 224-03.6482
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE DF DEATH. 19.45 at 11.40
8.(6) Name of Ausband of wife Cond Lee Slobes	21. I CERTIFY that death occurred on the date above stated; that fatlended deceased from
7. Sirth date of School (School (Schoo	
deceased (mo., day, yr.) an 10 -1905	Immediate pause of death Confluent formed DURATION
8. AGE: Years Months Bays If less than one day	Immediate case of death
40 5   hrsmin.	
9. Sirthplace (Town, equaty, and atate)	Due to
10. Usual occupation. Bus dive	Due to
11. Industry or business	
12. Name On Me Stobels  13. Sirthplace T Unamie	Diher conditions Chance Calandar Bachus
	(Include pregnancy within 3 months of death)
H 14. Malden name Tannae Suna ana 15. Sirthplace V Mania	Major findings of operations.
5 15. Birthplace V Tania	major radings of operations
16. Informant Chart	Autopsy results. See above
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 19/945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or engoval, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homtoide
Cemetery or crometory Daruston my	Where did lojury occur?
Location montgorned et my	Injured al home, farm, Industry, public place (where?)
18. Funeral director Coff W Barb	Means of Injury Injured, at work?
Address a stammille my	23 SIGNATURE Lichard E. Kelso W. O
19. 6/18 19. 45 Mm E Johns Registrar	Address Setterda, and Bate signed 6-17-48



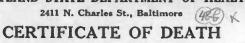
# MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

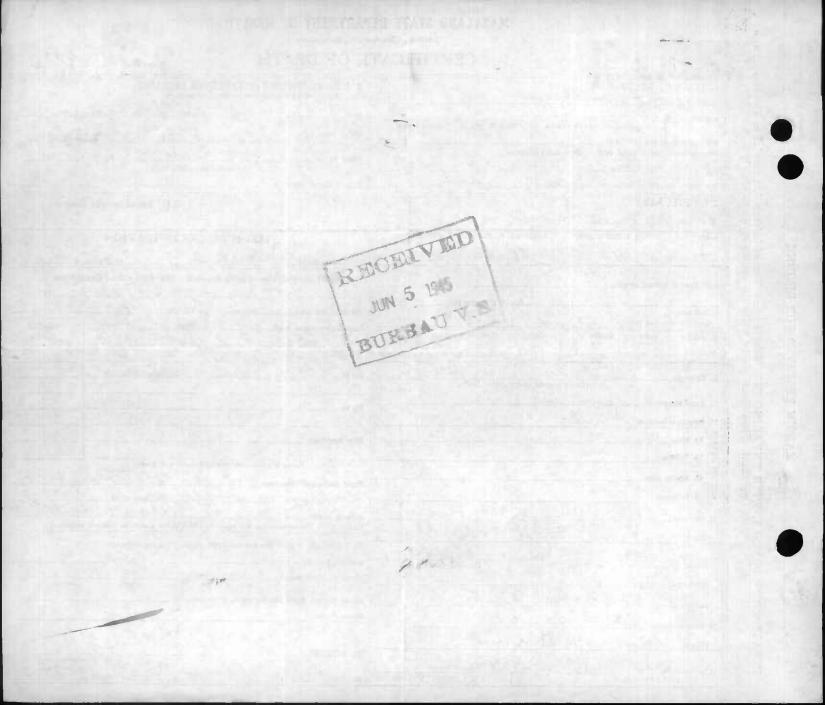
2411 N. Charles St., Baltimore



Reg. Diat. No...

223

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Rospital, institution, or skreet address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECRASED:  (For newborn infants give residence of mother)  State  City nr town  (If ontside city or town limits, write RURAL and give nearest town)  Street Mo. 2. S
3. (a) FULL NAME Durs Engenia Talbott	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced  Female Whith Pridamed  6.(b) Name of husband or wife.	MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above staled; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Asph. 24 (885)  8. AGE: Years Month's Days If less than one day hrs. min.  9. Birthplace Management (Town, county, and state)	and that I lest saw hard alive on formed and that I lest saw hard alive on formed and the I lest saw hard alive on January I lest the grant of the same of the sam
10. Usuat occupation.  11. Industry or business  12. Name.  13. Birthplace	Other conditions
14. Malden name  15. Birthologe  16. Informant Curada Washington Saur Hospital  Address Jakona Patte, ma	Major findings of operations. 4.5.43.44.44.44.44.44.44.44.44.44.44.44.44.
17. (Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  Location  Date thereof (month) (day) (year)	Accident, suicide, or homicide
18. Funeral director.  Address 2901-140t. N. W.  19. Whedley	23. SIGNATURE M. D. or other  M. D. or other  M. D. or other



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. 214

City or town  City or town  (If autside city ar town limits, write RORAL and give nearest town)  How long to shove place of death?  Hospital, institution, or preet authers where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For)newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Nedra M-Tate	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Manuel	MEDICAL CERTIFICATION  20. DATE OF DEATH 6 S 196 5 21 10 10 0 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from  19
8. AGE: Years Months Days If less than one day	Immediate cause of death Agminist OURATION Collepse Saft leng Fishers
9. Birthpiace Nuw Jumbuland Pa (Tawn, coanty, and state)	Oue a Splean multiple glosumo
10. Usual occupation. Clark  11. industry or business	Due to # Stherbilles
E 12. Name Dand Within 13. Birthplace La.	Other conditions
14. Maiden name. Islami Tleidhamn.  15. Birthplace a.	Major fiadiags of operations
16. informant Myso Bisque Wilmer Address Shippenaturo Pa	Autopsy results.  PHYSICIAN: Please underline the cause te which death should be charged statistically.
17. (Buriai, cremation, or renoval, Which?) Date thereof (month) (day) (year)  Cemetery or cremajory (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide. Accident Date of Lof Sf V 5.  Where did injury occur? A State (City ar town) (County) (State)
Location Lemorgne Page 18. Funeral director Marry & Rumphrey	Injured at home, farm, Industry, public place (where?)
Address Sim Anney. The	23. SIGNATURE M.D. or other
19. Que g 19 45 Thephine mchaeffe	Address Sand SB - Martin signed G19/45



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# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

06226

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	County Moula Ornery Sallersohus	State Maryland County Moulaving
	City or town Acoustice of or town limits, write RURAL and give nearest town  How long in above place of death?	City or town O Belavelle
	How long in above place of death?  Hospital, Institution, or street/address where death decurred:	(If ontside city or town limits, write RURAL and give nearest town)
I	Durang Hour - Shady Trova Bac	Street Ho. CIf rural, give LOCATION)
	How Jong In hospital or Institution?	2.(a) If veteran, name war
	3. (a) FULL NAME	2. (b) Social Security Number
	Felter Virgenia	Jaylor Jaylor
	4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
¥	Jemale While- Wednesd	20. DATE OF DEATH
	(6.(6) Name of husband or wite I has Poler Laylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
ı		may 18 1945 10 June 30 19.45
	7. Birth date of	and that I last saw her alive on Serve B9 1945
I	deceased (mo., day, yr.) Parch 2-1870	Immediate cause of death
	8. AGE: Years Months Bays It less than one day  75 3 28	Carcinomo of liver unlesson
	B. Birthplace Mould Town, county, and state	Due to
	10. Usual occupation Struct incf	Due to
	11. Industry or business	
	12. Name Liebard Thomas Christa	Other conditions
	Z 13. Birthplace	(Include pregnancy within 8 months of death)
	14. Malden name	Major findings of operations.
	¥ 15. Birthplace Mary Law	Date of op.
	16. Interment 2 MM A. Layler - Sou	Antopsy results
	Address Ames ta. Bockvelle - ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	12.000000000000000000000000000000000000	22. VIOLENCE: If death was due to external causes, fill in the following;
	(Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
	Cemetery or crematory tunck Structure	Where did injury occur? (City or town) (County) (State)
	Location Diebrison Maurana	Injured at home, farm, industry, public place (where?)
1	18. Funeral director Am. Preseter Limbbury	Means of injury Injured at work?
	Tunital uncolumnation of the state of the st	1
	Address Cochrelle Manyland	23. SIGNATURE J. D. Frankley M. D. or other
	19. 1 145 potosephine De Mallon.	M.D. or other

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	LL
1	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.
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# MARYLAND STATE DEPARTMENT OF HEALTH

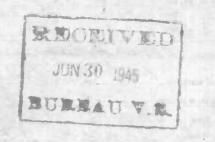
2411 N. Charles St., Baltimore 7700



# CERTIFICATE OF DEATH

Reg. Dist. No. 2/3-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If ontside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Horners La.
monty, Cive.	(If rural, give LOCATION)
How long le hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Thomas W! Taylor	517-22-9574
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATH 200 25 19 4 5 at 1:19 A M
200	
6.(b) Name of husband or wifa	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot years	Def Mid Green Case
deceased (mo., day, yr.) Sech. 28, 1925	and that I (set saw halive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
19 7 28	I can all keep
Photo solo - D	July Church Therent the grant waster to
9. Birthplace (Twn, county, and state)	Due to Trucker of Skull
10. Usual occupation Boy Factory	(accelerated)
	Due to.
11. Industry or business	
12. Name Day W. Jaylor  13. Birthplace Leneca Ma	Other conditions
🖺 13. Birthplace Seneca / Ra	(Include pregnancy within 3 months of death)
14. Maiden name Chunie 6. Jaylar	
15. Birthplace Gaithersburg md	Major findings of operations.
man = ( 1 = 6 (1. Tau ) - 11	
16. Informant	Autopsy results
Address Nockeelle May	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buxish Date thereof 6/27/45	Accident, suicide, or homicide, Accident days by Date of Let 2 5 1
(Burial, cremation, or removal, Which?) (Month) (day) (year)	Where did injury occur? Ruckville Manty ind
Cemetery or crematory Town	(City or town) (County) (State)
Location Rallersburg, Trib.	Injured et home, farm, industry, public place (where?)
18. Funeral director, Wor Receled Gumphre	Means of Injury Gents - according injured at work?
O. A	2 10 0 10 1
Address Rockellle, ma	23. SIGNATURE Frank J. / Browhart M. J.
13. 0/26/45 Josephine D. Tosllon	Dip mill. Eram M. D. or other
(Dale rec'd by registrar) Registrar	Address 11 -1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



2411 N. Charles St., Baltimore

CERTIFICA	IE OF DEATH  Reg. Diat. No. 252
1. PLACE OF DEATH  County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Nospital, Institution, or street address where death courred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME John Fruklin Til	3.(b) Social Security Number
4. Sex  5. Color or race  1. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  White  6. (b) Name of husband or wife.  6. (c) It alive give age 6.6  8. (c) It alive give age 6.6	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) F & / - / 8 7 7  8. AGE: Years Months Days It less than one day hrs. min.  9. Birthplace T. L.	Immediate cause of death DURATION  Carda Noccular Rural
10. Usual occupation. The same of the same	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations  Date of op.
Address Deep relief Management (Burial, cremation, or removal, Which?)  Cemetery or crematory Date thereof (month) (day) (year)	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
18. Funeral director. Address Dancelo Villa July  19. (Date ree'd by registrar)  19. (Date ree'd by registrar)	Injured at home, tarm, industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  By Contact M. B. or other  Address Parlewill M. Date signed 6/69/43

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sorrect age is especially important. Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

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# CERTIFICATE OF DEATH

-		_		216
	Reg.	Dist.	No.	***********

A. PLACE OF DEATH:  County Mongtonery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Bethesda (rural)  (If outside city or town limits, write RURAL and give nearest town)					State D.C. County		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? One month 9 days  Hospital, institution, or street address where death occurred:  US Naval Hospital, Bethesda, Md.  How long in hospital or institution? One month nine days					City or fown. Washington (If outside city or town limits, write RURAL and give nesrest town)  Street No. 1400 Cathedral Avenue (If rural, give LOCATION)  2.(a) If veteran, name war.		
3. (a) FULL NAME						3. (b) Social Securit	v Number
	WALKER,	Charl	es Neill, Lt	t.Comd:	r. USNR		,
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divor	rced	MEDICAL C	ERTIFICATION	
male	W-US	n	arried		20. DATE OF DEAT (Churt) Jan	2 8 19%5	, a More barone M
6.(b) Name of husband	or wife liarth	a Sate	r Walker		21. I CERTIFY thal death occurred on the date at	bove stafed; that I attended de	ceased from
			e) if alive, give age	years	Defr med, Examis	case	19
7. Birth date of deceased (mo., day, yr	) 11 J	uly 19	03		and that I last saw it	***************************************	
8. AGE: Years	Months	Days	If less than one day		Immediate cause of death		0 0
41	11	14	hrs.	min.	Bullet wound The		
9. Birthplace Washington, L. C. (Town, county, and state)					Due to	4)	
1D. Usual occupation. Navy						*********************************	**** **********************************
11. Industry or business					Due 10		
12. NameCh.	arles S. A	alker		***********	Other conditions	***************************************	****
		deceas	ed)		(Include pregnancy within 3		
置 14. Malden name	Martha No	eill			Major findings of operations		
14. Malden name 15. Birthplace	Va.	(dec	eased)		Major findings of operatious		
	e: Mrs. Ma	rtha S	ater Walker		Autopsy results		
16. Informant Wife: Mrs. Martha Sater Walker Address 1400 Cathedral Avenue, Wash., D.C.					PHYSICIAN: Plesse underline the cause to w		
17. (Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)  Cemetery or crematory. (month) (day) (year)					22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of Le	^
Location Carlington, Va				Injured at home, farm, Industry, public place (v			
			dertaker 🕹 🖠	F.F.	Means of Injury Revalvan Sho	tnjured at work?	ry
	M St., N.				Frank J. 1	Broschart 1	n.J.
19. 7-14 19. 45 man charlotts Smith					23. SIGNATURE Souther for	M. D	or other

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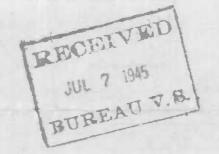
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

# CERTIFICATE OF DEATH

(16231) Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Martgamery	State Maryland County Montgomery		
City or town. Olvey. Maryland (If outside city or town limits, write RURAL and give nearest town)			
Now long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)		
The Montgomery County General Hospital &	Street No. 7 = 5 Nr. 7amase45		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mrs. Mary L. Wath	KINS		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female white Married.	20. DATE OF DEATH. 6/28/ 19.45 21 60 M		
6.(6) Name of husband or wife Alonza Cloat Kins	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
0 28	6/27/ 19.45 to 0/28/ 19.45		
7. Birth date of deceased (mo., day, yr.) Maich 9, 1870	and that I last saw h. 2 alive on lef ZB		
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION		
75 3 19hrsmin.	a consider and the constant of		
· Birthnians Damascus, Maryland.	Due to Telemonia miscalities		
9. Birthplace 29 Mas G. M. S. M. County, and state)	will Hypertendin 240		
10. Usual occupation Housew. X.e.	Due to		
11. industry or business Home	Sangsten all 10 Lays		
12. Name Milton Bayer  13. Birthplace	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Elizabeth Parda an	Major findings of operations.		
2 15. Birthplace	Date of op.		
16. Informant Hospital records	Antopsy results		
Address	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.		
13 Barrial Bata Harrast Dance 30 1945	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal. Which?)  Date thereot (month) (duy) (year)	Accident, suicide, or homicide		
Cemetery or evemetery	Where did Injury occur?		
Location Devort Country Mr.	injured at home, farm, Industry, public place (where?)		
18. Funeral director. O. P. a. y 3 3 a. l. a. l.	Means of injury Injured at work?		
Address Lautonseille md.	Amond mo		
6-20 115 M T 1/2 L 1/2	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar)  Registrar	Address Janly Day Date stgned Lef 2 t/ V.		



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PLEASE WRITE PLAINLY, WITH UNF is especially important.



2411 N. Charles St., Baltimore (93-6)



# CERTIFICATE OF DEATH

Nontgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	State Maryland County Montgomery			
ity or town Browningsville, (hear Damascus (if outside city or town limits, write RURAL and give nearest town)    Own long in above place of death?	Browningsville.			
low long in above place of death? LITECLINE	City or town (If outside city or town limits, write RURAL and give nearest town)			
ospilal, institution, or street address where death occurred:  R. F. D. Monrovia.	Street No. R. F. D. Monrovia,			
	(If rural, give LOCATION)			
low long in hospital or institution? at home	2.(a) If veteran, name war			
B. (a) FULL NAME  REBECCA  REPARA  REBECCA	WATKINS  3. (b) Social Security Number  None			
Sex   5. Color or race   6.(a)Single, Engried, wildowed, or divarced	2.00			
	MEDICAL CERTIFICATION			
Female   White   Widowed	20. DATE OF DEATH June 24 19 45 at 3:07 P.M.			
5.(b) Name of husband or wife Bradley Watkins deceased	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  January 19.35 to June 24, 19.45			
	and that flast saw h er alive on June 24, 1945			
deceased (mo., day, yr.) 92, 14, 1876	Immediate cause of death BURATION			
B. AGE: Years Months Day If less than one day	Coronary Occlusion (Acute) June 24			
69 8 10min.	Coronary sclerosis 2 month			
8. Birthplace Managamung Ca.	Generalized arteriosclerosis 5 years			
10. Usual occupation Wallschurch	Hypertension 10 years Hypertensive heart disease 10 years			
11, Industry or business				
12. Hame Fler. C. 9. Burdelle	Diher conditions			
13. Birthplace Magitaamery Co. Md.	Uther conditions			
m of the	(Include pregnancy within 8 months of death)			
14. Maiden name. 17 auct a June	Major Endings of operations			
15. Birthplace Manlgamery Co. PM	Oato of op			
16. Informan Howard HI Walkens	Autopsy results			
	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address Namascus, MA	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, exemption, externoval, Which?)  Bate thereof June 26, 1945  (month) (day) (year)	Accident, suicide, or homicide. None Gate of			
43.71.20	Where did injury occur?			
Cemetery or crematory				
Localion Brauningsville Med.	Injured at home, farm, industry, public place (where?)			
18. Funeral director 2. 13. Beall Inc.	777 70			
Address Damascus, and.	h, h Kendru Doner			
Qual 21 15- 1908 MR 11	M. McKendree Bover. M. Dother			
19 Uml 2 6 19 45 - Willa W Durdu (Date rec'd by registrar) Registrar	Address Damascus, Maryland Date signe 6/25/45			



### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83-0 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) carefully. The carly and legibly. Montgomery State West Virginia City or town Rethesda (If outside city or town limits, write RURAL and give nearest town) Phillippi (If outside city of town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: information care (If rural, give LOCATION) How long in hospital or institution? 3 mos. 4 days 3. (a) FULL NAME 3. (b) Social Security Number Cora Gertrude WEBSTER, Y2c V-10 USNR 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION item of i female W-US Married 18 June 1945 at 0005 am 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Hame of husband more.......Henry Webster.... March 5 1945 10 June 18 June 18, 1923 deceased (mo., day, yr.) Immediate cause of death Leubenia, Parte Muliamore DURATION 8. AGE: It less than one day MARGIN RESERVED pl 10. Usual occupation......Navv. 11. Industry or business 12 Name Russell Max Hyre 13. Birthplace West Virginia important. (Include pregnancy within 3 months of pleath) 14. Malden name Rachel Scott Major findings of operations..... West Virginia 15. Birthplace PLAINLY, V 16. informant Father: Russell Max Hyre PHYSICIAN: Please undertine the cause to which death should be charged statistically. Phillippi, West Virginia 22. VIOLENCE: If death was due to external causes, fill in the following: 17....burial (Burial, cremation, or removal. Which?) Date thereof...... Accident, suicide, or homicide..... (month) (day) (year) Cemelery or crematory Arlington National Where did injury occur? ......



Georgetown. D.C. (Date rec'd by registrar)

Location Arlington, Va.

Address US Naval Hospital, Bethesdand

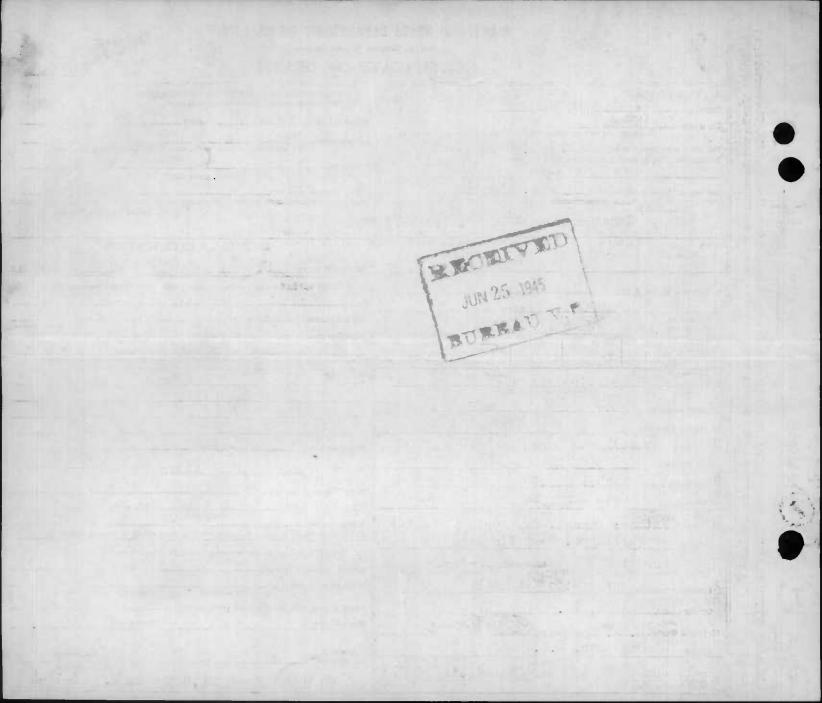
Meens of Injury

(City or town)

Injured at home, farm, Industry, public place (where?) .....

(County)

Injured at work?



2411 N. Charles St., Baltimore 1860

06233

# CERTIFICATE OF DEATH

No. Diet No. 2/7

County Man Lanks give residence of mother)  State Mary 2 and County County Man County Man Land give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female White May 1. Co.  5. Color of race 6.(c) If alive, give age years  1. Birth date of deceased (mo., day, yr.)  April 22, 1876.  (For newborn infants give residence of mother)  State Mary 2 and County Mary 2 and County Mary 2 and County Married, widowed, or divorced  MEDICAL CERTIFICATION  20. OATE OF DEATH June 21, 945 19 at 10. 430. M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from and that I last saw h. 21. alive on log 21. Immediate capus of death.  OURATION  OURATION
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?
How long in above place of death?
Hospital, institution, or street address where death occurred:  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  Female White Married  6. (b) Name of husband or wife Share 19. (c) If alive, give age 29. years  7. Birth dale of 19. (c) If alive, give age 29. years  19. (c) If alive on 19. (c) 21. (
How long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  Female  White  MEDICAL CERTIFICATION  20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (b) II lertify that death occurred on the date above stated; that I attended deceased from  (c) II lertify that death occurred on the date above stated; that I attended deceased from  (a) II lertify that death occurred on the date above stated; that I attended deceased from  (a) II lertify that death occurred on the date above stated; that I attended deceased from  (a) II lertify that death occurred on the date above stated; that I attended deceased from  (b) II lertify that death occurred on the date above stated; that I attended deceased from  (c) II lertify that death occurred on the date above stated; that I attended deceased from  (d) II lertify that death occurred on the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from
How long in hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  Female  White  MEDICAL CERTIFICATION  20. OATE OF DEATH  21. I DERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (b) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (c) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (b) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (c) II LERTIFY that death occurred on the date above stated; that I attended deceased from  (a) II LERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from the date above stated; that I attended deceased from
3. (a) FULL NAME  Jane Q. Wilson  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced   MEDICAL CERTIFICATION    Female White may 4. & d  5. (b) Name of husband or wife Elman Wilson  5. (c) If alive, give age   9. years    7. Birth dale of   19. 45   1
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   MEDICAL CERTIFICATION    Female White may 1. Color of the date above stated; that I attended deceased from    8.(6) Name of husband or wife Elasar Wilson   20. Date Of DEATH June 21. 19 45 19 19 19 19 19 19 19 19 19 19 19 19 19
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Female White may 4. & d  8.(b) Name of husband or wife Elms Wilson 5.(c) If alive, give age 4. years  7. Birth dale of feed of the state of the
Female White may 91 & d  6.(6) Name of husband or wite Eliza Wilson  6.(6) Name of husband or wite Eliza Wilson  7. Birth dale of december (mo day vr.)  10. Day 1 2 2 1876  20. Date Of DEATH June 21, 1945 19 19 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(6) Name of husband or wife Electric Wilson 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (6) 11/ 19.45—to (6) 21/ 19.45—to (6) 21
6.(6) Name of husband or wife Electric Wilson 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from (6) 11/ 19.45—to (6) 21/ 19.45—to (6) 21
6.(c) If alive, give age 49 years  7. Birth dale of 40 yr) 0.04 1 22 1876  and that I last saw h. S.c. alive on (0.4. 21/) 19.435
7. Birth dale of and that I last saw h. St alive on 64 21/
7. Birth dale of and that I last saw h. 21
deceased (mo., day, yr.) CP7/1 22, 18/6.
Janel Mrumone Ga
69 1 29
9. Birthplace Ply mouth Ohio Due to
(lower, county, and state)
10. Usual occupation House Wise Common Oue to 14-jp
11, Industry or business
14. Maiden name Jelie August Leedstorg  15. Birthplace Tlymouth Ohio.  (Include pregnancy within 8 months of death)  Major findings of operations.  (Quite of op
15. Birthplace Plymouth Ohro. Qate of op
16, Informant ##OSP ##A   1807 ##S   Antopsy results  PHYSICIAN: Please nuderline the cause to which death should he charged statistically.
Address () neu Manu la na.
17 Barrie Date thereof Land 23 1945  Date thereof Land 23 1945  Accident, suicide, or homicide. Activity Date of tollowing:
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or exemptory Mercal (City or town) (County) (State)
Jalined at home form Industry, mikilly place (where 2)
Location W. Destruction of the control of the contr
18. Funeral director Day Sarber
Address a actourville med
23. SIGNATURE M. D. or other
19. 6-37-19 Date rec'd by registrar Address Landia Sp. Mate signed 6/21/V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JUN 25 1945
BURBAU V.S.

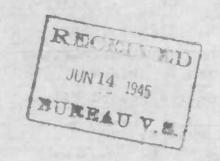
PLEASE WRITE PLAINLY, WI is especially im

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

# CERTIFICATE OF DEATH

1. PLACE OF DEA	Mont	gomer	У	2. USUAL RESIDENCE (HON	AE) O	F DECEASED:	
County	Fair	land.	Md.	State Dist. of Col. County			
City or fown(1f ou	tside city or town l	imits, write l	Md .  RURAL and give nearest town)	Washingto	m		
How long in above place o	f death? FT	om No	v. 3, 1940	City or town(If outside city or tow	vn limit	s, write RURAL and give near	est town)
Hospital, Institution, or s Ceda	treet address where	death occurre	d:	Street No. 1741 Irvi	ng.	St. N.W.	
	777 000		v. 3, 1940	(If rus	rui, give	e LOCATION)	<b>\</b>
How long in hospital or i	nstitution?	J 21 U	0, 1010	2.(a) If veteran, name war			
3. (a) FULL NAME	EMMA F	ILENA	WILCOX			3. (b) Social Security N	umber
l. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICA	AL CI	ERTIFICATION	P.M
Fem.	White		idowed	2D. DATE OF DEATH. June			
S.(b) Name of husband or	wite Geor	ge Ed	ward Wilcox	21. I CERTIFY that death occurred on the	date abo	ove stated; that attended deceas	ed trom
				1/ov. 3 -	19.	40 10 June 12	19.45
I. Birth date of	Among	t 4.	(c) If allve, give ageyears 1862	and that I last saw h. Aalive on			
deceased (mo., day, yr.)  B. AGE: Years	1 Months	Days	If less than one day	Immediate cause of death	/		DURATION
82 82	10	8	hrsmin.	L'inouie	110	ocardili 5	2
Ma Ma	ine			Bus to	-	W. M. A. M.	
9. Birthplace	(Town.	county, and	gtate)	Sue 10		***************************************	***************************************
D. Usual occupation	housewi	Te	***************************************	Pun de			*************************
1. Industry or business				Due to	0		***************************************
	nuel Cle	ment		Dither conditions SELLS	11 11	/ ,	
12. NameSan	unknow	n		Street conditions		7	*******************************
				(Include pregnancy w	rithin 8 r	months of death)	
14. Maiden name	unknow	n	0.0000000000000000000000000000000000000	Major findings of operations			
15. Birthplace	ulikilow						
16. Informant	Edward C	. Wil	cox (Soul)	Antopsy results			
	741 Irv	ing S	t. N.W.	PHYSICIAN: Please underline the cause	se to wi	hich death should be charged st	atistically.
Cremation  (Burial, cremation, or removal, Which?)  Cemetery or crematory			22. VIOLENCE: It death was due to ext	ernal cau	uses, till in the tollowing;		
			Accident, suicide, or homicide	*********	Date of	••••••	
			Where did injury occur?(City or	town	(Commented)	(State)	
			Injured at home, farm, industry, public s				
Location	· -/.	. \17	10	Means of Injury	rate (W	Injured at work?	
18. Funeral director	Josep .	St.	n W Wash De	R.O	1/3	History Some	72
9. June /	3 19 4 5 trar)	Josep	Line W. Bcharff	23. SIGNATURE	48	M. D. or	6/12-45



2411 N. Charles St., Baltimore 1700

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County County Grandly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Derrwood Was Russe
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Wade Yankey	3. (b) Social Security Number
4. Sex 5. Color or race 6, a) Single, married, widow, or divorced	MEDICAL CERTIFICATION
Male W Single	20. DATE OF DEATH 6 2 5 1 19 W. al . Z. a N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
	Oct 19 10
7. Birth date of deceased (mo., day, yet & arenay 9 - 1929	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
/6 3 /4hrsmin.	p About and inte
9. Birthplace (Town, cogpty) and state)	Due to
10. Usual occupation	Due to.
11. Industry or business	Due 10.
E 12. Name X of ankey	Other conditions
13. Birthplace Cochville Ming	(Include pregnancy within 3 months of death)
15. Birthplace Bookham C. & Va	Majur findings uf uperations.
V. cl. 4- b-d	Autupsy results Artz - Date of op.
Address Personal Designation of the Address Personal Designation o	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Barrie Date thereof June 27 1945	22. VIOLENCE: If death was due to external causes, still in the following:
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide. Office of the suicide of the suici
Cemetery ex crematory town Thur	Where did injury occur? (City or town) (County) (State)
Location Colland Will	Injured at home, farm, Industry, public place (where?)
18. Funeral director. 37 M Barlen	Means of Injury Cells Geer Lynn Injured at work?
Address aftonswill my	23. SIGNATURE DAB 1 apr Pelhologist
19 (Date ree'd by registrar) Registrar	Address Sandy Sp 70 Date signed by 2 57 43

PLEASE WRITE PLAINLY, WITH CONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JUN 30 1945 BURBAU V.S.